



**Staff Association Scholarship
Palm Beach County, Florida**



Scholarship Application

This scholarship is offered to graduating seniors from Palm Beach County Public Schools. Only students who are children of association members in good standing are eligible to apply. One scholarship will be awarded to a Staff Association member who is currently enrolled in a continuing education facility to assist with their further advancement in the School District of Palm Beach County.

Note: Applications must be typed directly into the PDF below, printed and then signed by the applicant. Completed applications, essays, and transcripts must be scanned into a single document and mailed to the scholarship committee (mailing information on last page)

Completed applications must be received no later than Friday, March 15, 2019.

Student Full Name (Last, First, Middle): _____

PB Student Number _____ **Date of Birth:** ____ / ____ / ____

Student Address: _____

Home Phone: (____) _____ -- _____ **Cell Phone:** (____) _____ -- _____

Father's Name: _____ **Occupation:** _____
Place of Employment: _____

Mother's Name: _____ **Occupation:** _____
Place of Employment: _____

Number of siblings: _____ **# Older:** _____ **# Younger:** _____ **# In college:** _____

School(s) attended (12th grade only): _____
(School) (Date of entrance)

Date expected to graduate: ____ / ____ / ____

Number in class: _____ **Rank in class:** _____

If currently in college (dual enrollment):

College / University: _____ **Date of entrance:** ____ / ____ / ____

College / University: _____ **Date of entrance:** ____ / ____ / ____

Scholastic Information

Honors and Awards (name, brief description, and year attained):

Offices and Positions of Leadership (include organization name, position held, and duration):

Organizations you were a member of, but did not hold a leadership role (include name and year):

School and/or Community Extra-Curricular Activities

Honors and Awards (name, brief description, and year attained):

Offices and Positions of Leadership (include organization name, position held, and duration):

Organizations you were a member of, but did not hold a leadership role (include name and year):

Work Experience

List employment position(s), period(s) of time, place(s) of employment, and average hours worked weekly

Continuing Education

Plans for furthering your education at an accredited college, university, or technical school:

College, university, or technical school you plan to attend: _____

Other scholarships or financial aid you have been granted (please include details):

Any other information you wish to share with the Scholarship Committee:

Essay

Along with this application, please submit a one page essay about yourself. Share with the committee about who you are as a person and your life and career ambitions for the future. Be sure to use correct grammar and conventions. This essay should be attached to your application.

Transcripts

Attach a copy of your most recent cumulative transcript of grades. Failure to attach transcripts will result in your application being unacceptable to the Scholarship Committee.

Signature of Applicant

____ / ____ / ____

Date

Mail to:

Staff Association Scholarship Committee
Attn: Gail Verrigni
Safe Schools Institute
1790 NW Spanish River Boulevard
Boca Raton, FL 33431

**Applications due to the
Scholarship Committee by Friday,
March 15, 2019**