

Tampa Bay Seminole Club
P.O. Box 21185
Tampa, FL 33622
Grant@tampanoles.com
Website: www.tampanoles.com



Graduate Student Scholarship Application

Deadline to Apply: May 31, 2017

This is a non-renewing scholarship. To be considered for this scholarship in subsequent academic years, you must reapply. One recipient will be notified in writing of their award. If selected, the Tampa Bay Seminole Club (TBSC) will deposit the scholarship amount of \$2,000.00 into your FSU Card account, through the Florida State Office of Financial Aid, at or around the beginning of the fall semester. One recipient will be selected for the scholarship based upon internal rankings determined by the TBSC's scholarship committee. Applications will be ranked based upon the content in the scholarship application, letters of recommendation and school transcripts and selection of recipients shall be based on demonstrated financial need, academic merit (GPA and standardized test scores), community service, expressed desire to attend The Florida State University, and other criteria established by the TBSC.

To be considered for this scholarship you *must*:

- Be a graduate of a Hillsborough or Pasco county high school.
- Be a U.S Citizen and a Florida resident.
- Be accepted to and enrolled/enrolling at FSU as a full-time graduate student for Fall
- Provide a complete application and the required attachments:
 - An official college transcript
 - One page response to the question referenced on page 4 of the application
 - Two (2) letters of recommendation from non-relatives. At least one must be from a college classroom instructor
- Proof of acceptance into a graduate program at FSU or graduate course work completed.

- If you are selected, you must provide a photo suitable for publication (e.g. senior picture headshot). No hats or sunglasses, please.

Name: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____ DOB: _____

With whom do you live? _____

Relationship: _____

Parent(s) Name: _____ Single Parent? Yes _____ No _____

Father's Employer: _____ Position: _____ Phone: _____

Mother's Employer: _____ Position: _____ Phone: _____

Number in household: _____ Number of parents' dependents in college: _____

Gross Household Income: _____ (required, may be asked to verify)

Estimated Family Contribution: _____

Are you currently claimed by your parent(s) as a dependent? Yes _____ No _____

If not, what is your gross annual income? _____

List any scholarships you will receive and the benefit each provides:

Have you applied for admission and been accepted to FSU? Yes _____ No _____

Are you currently enrolled at FSU? Yes _____ No _____

What Graduate Program at FSU are you currently enrolled or will be enrolled in?

If not enrolled, have you notified FSU of your intent to enroll? Yes _____ No _____

If no, explain: _____

List the college from which you will graduate/have graduated:

<u>School and Location</u>	<u>Dates Attended</u>	<u>Degree Earned</u>	<u>GPA</u>

FSU/College Cumulative GPA: _____

Please list your major/majors and any minors at FSU/college:

What is your desired career field after graduating from FSU?

Do you plan to return to the Tampa Bay area after graduating from FSU? Yes _____ No _____

List the activities and organizations you have been involved with including such areas as athletics, the arts, civic and community service and church work:

<u>Activities/Organizations</u>	<u>Date</u>	<u>Distinctions</u>

List your employment experience including jobs you have held in college:

<u>Employer</u>	<u>Location</u>	<u>Dates</u>	<u>Position</u>

On a separate sheet of paper, prepare no more than a one (1) page response to one of the following questions:

- **How will your FSU experience assist you in achieving your career goals?**
- **Tell us about a major event or experience that you've been through that has opened your eyes to a potential career path?**
- **Other than financial, what are the resources that your family has given you through the years that will assist you in your future success?**
- **How will you make Florida State University a better place?**

I affirm that I am a US citizen or a legal resident of the United States, and that information provided on or with this application is true and correct and understand that falsification of information will result in disqualification for, or termination of, this scholarship. I agree that the Tampa Bay Seminole Club may take reasonable steps to confirm the information submitted in my application, and that I may be required to provide proof of household income, proof of FSU acceptance/enrollment, and or proof of citizenship/legal residence. If selected as a scholarship winner, I give the Tampa Bay Seminole Club permission to use my name and photo in announcing and promoting this scholarship. I also agree, if possible to attend the scholarship dinner, Seminole Send Off, and give a brief summary of my academic plans and goals.

Signature of Applicant

Date

Signature of Parent/Guardian if Applicant
is under 18 years old.

Date

EMPLID: _____

Scholarship Release of Information Form

The purpose of the Family Educational Rights and Privacy Act of 1974 and the Florida Student Privacy Act is to protect the privacy of individual students by placing certain restrictions on the disclosure of information contained in a student's university records as

defined in those enactments. I understand that in order for the University to honor a verbal or written request for information by anyone other than the individual student and certain others authorized by statute, both Florida Statute 1002.22(3)(d) and the federal "Buckley Amendment," 20 U.S.C. 1232g, permit the release of such records only upon receipt of an appropriate signed authorization from the student. This release of information allows Florida State University to share information with the FSU Alumni Association for the purpose of identifying students who may be eligible for scholarships. By typing my name below, I give my FULL consent to THE FLORIDA STATE UNIVERSITY to release my student personally identifiable records and reports and education records, including, but not limited to, grade point average, age, financial need, enrollment and attendance records, address and telephone to: FSU Alumni Association I understand that it will be necessary to send a written request to revoke this authorization. Any information release pursuant hereto is released subject to the confidentiality provisions of appropriate state and federal laws and regulations, which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such law and regulations.

By typing/writing in my name below I give full consent to the above.

NAME:

FSUID:

DATE:

By signing this application, the applicant understands that by applying to FSU, the Tampa Bay Seminole Club has permission to look at their personal information (grades, financial need, etc.) to verify if need be.

I also certify that the information given on this application is correct, and I understand that in case the selection committee finds this to be the contrary, I forfeit the opportunity to receive this scholarship and any future rights that I might have for this scholarship, should I be awarded a scholarship.

Please mail/e-mail the application to:

Tampa Bay Seminole Club

Attn: Grant Mehlich

P.O. Box 21185

Tampa, FL 33622

or

Email: **Grant@tampanoles.com**