



WAKULLA COUNTY ACADEMIC BOOSTERS ASSOCIATION
P.O. BOX 448
CRAWFORDVILLE FLORIDA 32326
VISIT US AT: WAKULLAACADEMICBOOSTERS.ORG

Email address: wakullaacademicboosters@gmail.com

We are committed to the academic achievement of students in Wakulla County.

2021 College Scholarship Application

Application Deadline: March 12, 2021

The WAB has more than 30 scholarships available ranging from \$600 to \$15,000. The majority of these scholarships are restricted to TCC due to our funding covenants, but a limited number are available for other colleges. Please indicate all of the items below which apply, as you may be eligible for more than one scholarship. (Many students find they will take summer classes or pre-requisite classes at TCC while also attending other schools.)

Please indicate the college(s) you will be attending:

TCC

A college in the Florida University System (specify) _____

Other College (specify): _____

(Please make a selection. This information is required for consideration.)

Please print in ink or type and return to the WHS Guidance Office, mail to the P.O .Box above, or email to the email address listed above:

1. Name: _____ Age: _____

2. Address: _____ City: _____

E-Mail: _____ Phone: _____

3. Parent/Guardian Contact Information (Name): _____

Address (only if different from number two above): _____

4. High school GPA _____ Scores if available: **ACT** Composite _____ **SAT**: Verbal _____ Math _____

5. **Attach a transcript of courses taken and grades earned during 11 & 12 grades.**

6. Some of our scholarships have criteria regarding the nature of a student's activities. Please indicate if you participate in any of the following fields. Check all that apply:

Carpentry/Vocational Training Golf Nursing Teaching/Education

CHARACTER

A) Submit a list of your extra-curricular activities, evidence of leadership ability, work experience, volunteer hours and honors received:

B) Submit an essay describing your career plans, what college degree or certification you want to earn and why you should be selected to receive an academic scholarship. **(Worth 10 points).**

FINANCIAL

This section should be completed as accurately as possible as many of our scholarships contain criteria dealing with financial need for college assistance.

- 1. How many family members are in your household? _____
- 2. How many family members are currently attending college/will be attending this year? _____
- 3. What was your total family income last calendar year? Check one:
 ____ Under \$50,000 ____ \$50,001 to \$75,000 ____ \$75,001 to \$100,000
 ____ \$100,001 to \$150,000 ____ Over \$150,000

4. Do you currently have or expect to have any unusual expenses? If so, please comment on them.

Signature and Authorization for Release of Records

I certify that this information is true to the best of my knowledge and if I am awarded a scholarship, I hereby give my permission to Wakulla High School to release my address, telephone number, e-mail address to the Wakulla County Academic Booster Association representative in charge of distribution of scholarship monies.

Student's Name (printed) _____

Student's Signature (ink or electronic) _____