



Seminole Club of Naples-Scholarship Application

Three scholarships will be awarded in the amount of \$1000 each to incoming Freshman for 2018-2019.

All Applications must be received via email by midnight on April 30, 2018 or by mail postmarked before midnight on April 27, 2018. You will receive an email confirmation when your application is received.

Email to: Kathleeni3@aol.com

Mail to: Seminole Club of Naples, PO Box 111732, Naples, Florida 34108

1. Personal Information

Name: _____ Birthdate: _____

High School: _____

Home Address: _____

City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email address: _____

FSU ID# _____

2. Please attach your resume-include school activities, community service, awards or honors received.

3. Please submit a copy of your official High School Transcripts (sealed and official) and your acceptance letter to Florida State University. Please allow time for these to be sent.

4. Attach one letter of recommendation from a former or current teacher of an academic subject. (must be dated within the last two years)

5. PERSONAL STATEMENT (please attach)

Explain (in 500-600 words) why you feel you merit consideration as an applicant for an award or scholarship.

--You may wish to include educational goals and any unusual circumstances (financial, personal, etc.)

--Supply information that may be of assistance in considering your application.

*Use a separate sheet of paper and be sure to **include word count**.*

6. SHORT ANSWER QUESTIONS (please attach)

a. Why did you choose Florida State University? (75-100 words)

b. List 3 of your life goals and explain how attending Florida State University will help you accomplish these goals? (75-100 words)

*Use a separate sheet of paper and be sure to **include word count**.*

YOU MUST APPLY FOR FAFSA AT www.fafsa.ed.gov and ATTACH A COPY OF YOUR CONFIRMATION EMAIL OR LETTER VERIFYING YOU HAVE APPLIED FOR FINANCIAL ASSISTANCE.

ARE YOU PRESENTLY RECEIVING ANY OTHER FINANCIAL AID AT THIS TIME (LOANS, GRANTS OR SCHOLARSHIPS)?

IF YES, PLEASE IDENTIFY WHICH, FROM WHOM AND THE ANNUAL AMOUNT

ARE YOU WORKING? _____ DO YOU PLAN ON WORKING NEXT YEAR? _____ HOW MANY HOURS DO YOU PLAN ON WORKING NEXT YEAR IF ANY? _____

I verify the information provided on this scholarship application to be true and complete.

Student Signature _____

Parent/Guardian Signature _____



THE FLORIDA STATE UNIVERSITY
ALUMNI ASSOCIATION

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 and _____ High School to honor a verbal or written request for information by any other than the individual student and certain others authorized by Statue, both Florida Statue 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 and authorization from the student.

This release information allows Florida State University and _____ High School to share information with the **FSU ALUMNI ASSOCIATION** and **THE SEMINOLE CLUB OF NAPLES** for the purpose of identifying students who may be eligible for Scholarship funds awarded by **THE SEMINOLE CLUB OF NAPLES**.

I, _____ FSU ID# _____
First and Last Name

Give my FULL consent to **THE FLORIDA STATE UNIVERSITY** and _____ **High School** 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, telephone and email address to: **FSU ALUMNI ASSOCIATION** and **THE SEMINOLE CLUB OF NAPLES**.

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 whom it pertains, or as otherwise permitted by such law and regulations.

Student's Signature _____ Date _____



THE FLORIDA STATE UNIVERSITY
ALUMNI ASSOCIATION

Standard Release

For any and all purposes, I, _____
Print First and Last Name

hereby grant to **The Florida State University Alumni Association** and **The Seminole Club of Naples**, it's employees, agents, and assigns, the right to photograph or visually record me and use my picture, silhouette, and other reproductions of my physical likeness (as the same may appear in any still camera photograph and/or motion picture film or video recording), in and in connection with the development of any media materials and exhibition thereof, also in the advertising and/or publicizing of any such media. I further give **The Florida State University Alumni Association** and **The Seminole Club of Naples**, it's employees, agents, and assigns, the right to produce and utilize in any manner whatsoever recordings of my voice for any and all media purposes.

I hereby certify and represent that I have read the foregoing and fully understand the meaning And effect thereof and, intending to be legally bound, I have hereunto set my hand this _____ Day of _____, 2018.

Student's Signature _____

Telephone Number _____ FSU ID# _____



Scholarship Selection Criteria

- Application MUST be received or if mailed, postmarked by midnight April 27, 2018.
- Applicants must be enrolled in a Collier County public or private school and planning to attend Florida State University in the Fall (or Summer) of 2018 as a full-time degree seeking student
- Applicant must be a permanent resident of Collier County
- Application must be complete in order to be considered for the scholarship. If the application is not complete you will be disqualified.