

SOUTHSIDE BUSINESS MEN'S CLUB

P.O. Box 5053

Jacksonville, Florida 32247

www.southsidebusinessmensclub.com

YOUTH ACHIEVER PROGRAM SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____ ZIP _____

TELEPHONE _____ DATE OF BIRTH _____

EMAIL ADDRESS _____

SAFETY PATROL AT WHICH ELEMENTARY SCHOOL _____
AND WHICH YEAR(S) _____

MOTHER _____ OCCUPATION _____

FATHER _____ OCCUPATION _____

SIBLINGS: NUMBER _____ AGES _____

FAMILY'S GROSS ANNUAL INCOME: _____

EDUCATION: HIGH SCHOOL _____

COLLEGE _____

GRADE POINT AVERAGE (attach transcript): _____

S.A.T. SCORE: _____ A.C.T SCORE: _____

COLLEGE YOU PLAN TO ATTEND: _____
(attach letter of acceptance, if not determined, must provide prior to issuance of scholarship)

CAREER INTERESTS: _____

YOUR SIGNATURE: _____ DATE: _____

ACTIVITIES [add additional sheets as necessary]:

EXTRA CURRICULAR SCHOOL ACTIVITIES: _____

COMMUNITY ACTIVITIES: _____

AWARDS AND SPECIAL RECOGNITIONS RECEIVED: _____

HOBBIES: _____

EMPLOYMENT: _____

IN ADDITION TO THE ABOVE, WHY DO YOU FEEL YOU ARE MOST QUALIFIED TO RECEIVE THIS SCHOLARSHIP? _____

HOW DID YOU LEARN ABOUT THIS SCHOLARSHIP? _____

ATTACH LETTER OF RECOMMENDATION (guidance counselor, principal, vice-principal)