

SOUTHSIDE BUSINESS MEN'S CLUB
P.O. Box 5053
Jacksonville, Florida 32247
www.southsidebusinessmensclub.com
YOUTH ACHIEVER PROGRAM SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____

TELEPHONE _____ DATE OF BIRTH _____

EMAIL ADDRESS _____

NEW APPLICANT RENEWAL APPLICANT

Renewal applicants do not need to provide letter of acceptance unless transferring, nor letter of recommendation.

SAFETY PATROL AT WHICH ELEMENTARY SCHOOL _____

AND WHICH YEAR(S) _____

MOTHER _____ OCCUPATION _____

FATHER _____ OCCUPATION _____

SIBLINGS: NUMER _____ AGES _____

FAMILY'S GROSS ANNUAL INCOME _____

EDUCATION: HIGH SCHOOL _____

COLLEGE YOU PLAN TO ATTEND/ATTENDING _____

(Attach letter of acceptance, if not determined, you must provide prior to issuance of scholarship)

GRADE POINT AVERAGE (attach *official* transcript) _____

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

CAREER INTERESTS _____

YOUR SIGNATURE _____ DATE _____

By your signature above you grant SBMC approval to identify you in press releases and other media as an award recipient.

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)