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	
SOCIAL SECURITY # Provide or	aly if awarded a scholarship
	LEMENTARY SCHOOL
MOTHER	OCCUPATION
FATHER	OCCUPATION
SIBLINGS: NUMBER	AGES
FAMILY'S GROSS ANNUAL IN	COME:
EDUCATION: HIGH SCHOOL _	
COLLEGE	
GRADE POINT AVERAGE (attac	ch transcript):
S.A.T. SCORE:	A.C.T SCORE:
COLLEGE YOU PLAN TO ATTE (attach letter of acceptance, if not o	END:letermined, 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 YOUR 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)

June 18, 2015