| ROYAL VAGABOND CLUB SCHOLARSHIP Application | | | | | |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Name: | | | | | |
| Date of birth: | | SSN: | | | Phone: |
| Current address: | | | | | |
| City: | | State: | | | ZIP Code: |
| eDUCATION Information | | | | | |
| Name of High School: | | | | | |
| School Address: | | | | | Principal Name: |
| Phone: | | Current Overall GPA: | | | Fax: |
| City: | | State: | | | ZIP Code: |
| Parent/Emergency Contact | | | | | |
| Parent’s Name: | | | | | |
| Address: | | | | | Phone: |
| City: | | State: | | | ZIP Code: |
| Relationship: | | | | | |
| Personal Data | | | | | |
| Church Affiliation/Activities | | | | | |
| Number of Siblings: Sister(s): | Brother(s): | | School Organizations/Activities: | | |
| College Preferences | | | | | |
| Name of College or Post-Secondary School Student plan to attend: | | | | | |
| School address: | | | | | Anticipated Enrollment Date: |
| Phone: | | Website: | | | Fax: |
| City: | | State: | | | ZIP Code: |
| References | | | | | |
| Name | | Address | | | Phone |
|  | |  | | |  |
|  | |  | | |  |
| Additional Information | | | | | |
| Applicant’s Age: | | | | Place of Birth: | |
| Signatures | | | | | |
| I certify that the information provided for the applicant seeking to become a Scholarship recipient is complete and accurate.  I authorize the verification of the information provided on this form as to my education and personal information. I have also received a copy of this application. | | | | | |
| Signature of applicant: | | | | | Date: |
| Signature of Parent/Guardian: | | | | | Date: |

**Note: An official high school transcript, along with two (2) letters of recommendation will need to be submitted**

**with each application.**

**SCHOLARSHIP APPLICATION GUIDELINES**

**CRITERIA: 1.** Applicant must be a high school senior.

**2.** The actual scholarship will be awarded upon confirmation of enrollment in an accredited institution of higher education.

**3.** Applicant must have a grade point average of 2.5 or better.

**4.** Applicant must be active in school and community endeavors.

**APPLICATION**

**PROCESS 1.** The Application Form **must** be completed and received by the

set deadline in order to be accepted for review.

**2.** Applicant must provide two (2) letters of recommendation. (Letter may be from a Guidance Counselor, Teacher, Administrator or lay person in the community).

**3.** An official copy of high school transcript containing the school seal must accompany application.

**Application must be received and postmarked by April 1, 2016**

**Send To: Mr. Lawrence E. Dennis or Email: led217@comcast.net**

**2865 Egret Walk Terrace**

**Jacksonville Florida 32226**

**ROYAL VAGABOND CLUB**

1. Scholarships will be offered to any applicants from Duval or Clay County entering any accredited College or University.
2. The recipients will be a High School Senior going into the freshman class of any accredited College or University.
3. The Scholarship **may** be presented to the students at the Honors Day Program.
4. The Chairperson of the Scholarship committee should have all information pertaining to the student no later than April 1, 2016.
5. Students should be recommended by the High School Counselor, Teacher, Administrator, or a lay person in the community.
6. Students must have good character.
7. Students must have good citizenship traits.
8. Must have **C** or above average.
9. Recipients are limited to a one-time scholarship.
10. Two (2) scholarships will be given, $1000.00 per person.
11. Scholarship money will be released after the recipients have officially registered, and a notice sent to the chairman of the scholarship committee by the college.
12. All information must be included and postmarked on or before April 1, 2016.