

ANDREA B. R. PEPPERS SCHOOL ADMINISTRATORS' ASSOCIATION SCHOLARSHIP

PALM BEACH COUNTY, FLORIDA

SCHOLARSHIP APPLICATION

Only students who are graduating from Palm Beach County Public Schools may apply for this scholarship.

NOTE: Typewritten applications are preferred over handwritten submissions. Applicants must SIGN the application. Completed applications must be returned to the Association Scholarship Committee no later than March 09, 2012.

STUDENTS FULL NAME _____

SOCIAL SECURITY NUMBER (last 4 digits) ____ _

STUDENT'S ADDRESS _____

(Street)

_____, _____

(City)

(State)

(Zip)

TELEPHONE NO.: () _____ - _____ DOB ____/____/____

FATHER: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT _____

MOTHER: _____ OCCUPATION _____

PLACE OF EMPLOYMENT: _____

NUMBER OF BROTHERS AND SISTERS _____ NUMBER YOUNGER _____

NUMBER OLDER _____ NUMBER CURRENTLY IN COLLEGE _____

SCHOOL(S) ATTENDED (Twelfth Grade Only)

Name of School Date of Entrance

DATE EXPECTED TO GRADUATE _____

NUMBER IN CLASS _____ RANK IN CLASS _____

IF CURRENTLY IN COLLEGE (Dual Enrollment) Fill in requested information below.

Name of University/College _____ Date of Entrance _____

SCHOLASTIC INFORMATION

HONORS AND AWARDS (State year and nature of honor or award)

OFFICES AND POSITIONS OF LEADERSHIP (state name of organization, position)

MEMBER OF ORGANIZATION(S) WHERE NO OFFICE WAS HELD (State name of organization and year(s) of membership.

EXTRA CURRICULAR ACTIVITIES

(School or Community Related)

HONORS AND AWARDS (State year and nature of honor or award)

OFFICES AND POSITIONS OF LEADERSHIP (State name of organization(s) position and year)

MEMBER OF ORGANIZATION(S) WHERE NO OFFICE WAS HELD (State name of organization(s) and year(s) membership)

WORK EXPERIENCE

LIST POSITIONS HELD IN GAINFUL EMPLOYMENT, PERIOD OF EMPLOYMENT, PLACE OF EMPLOYMENT, AND THE AVERAGE TIME EMPLOYED EACH WEEK.

EDUCATIONAL PLANS

STATE YOUR PLANS FOR ENROLLMENT IN AN ACCREDITED COLLEGE OR UNIVERSITY

YES ___NO___ IF YES, WHERE? _____

HAVE YOU BEEN GRANTED ANY OTHER SCHOLARSHIP OR FINANCIAL AID? IF SO, GIVE DETAILS

On a separate piece of paper, please write a brief statement about yourself. Tell us who you are and what your life and career goals are. Remember to utilize writing skills which are grammatically and mechanically correct. Please attach this statement to your application form.

Attach a copy of your most recent cumulative transcript of grades to this application form before submitting it to the Andrea B. R. Peppers Principal's Scholarship Committee. (Failure to submit a transcript of grades will render your application as unacceptable for processing or consideration.)

The Andrea B. R. Peppers Administrators' Association Scholarship Committee has my permission to obtain written or oral information, in regard to my qualifications for receipt of this scholarship from the school center personnel. It is understood that this option will be exercised only if deemed necessary by the committee.

(Signature of Applicant)

(Date)

MAIL APPLICATION TO:

**ADMINISTRATORS' SCHOLARSHIP COMMITTEE
Mrs. Patricia Trejo
Don Estridge High Tech Middle School
1798 Spanish River Boulevard
Boca Raton, Florida 33431**