BRIGGS-ARTHUR SCHOLARSHIP

SCHOLARSHIP APPLICATION

Please type your answers.			
1.	Last Name:	First Name:	
2.	Mailing Address Street: City: State:	Zip:	
3.	Daytime Telephone Number: ()		
	Email Address:		
4.	Date of Birth: Month Day Year	Gender:	
5.	Cumulative Grade Point Average (GPA): (Attach proof of GPA. Your most recent school transcript is required.	On a 4.0 scale)	
6.	Are you the first person in your family to go to college:	YES NO	
7.	Name and location of High School attending:		
8.	(Please use additional paper for questions 8 and 9 if needed) A. List any academic honors, awards and membership activities while in high school:		
	B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:		
	C. List your non-school sponsored volunteer activities in t	he community:	
9.	A. If you have decided on what college you will attend, please list school name:		
	B. If not, list your top 3 college choices:		
10.	Using the Student Aid Report from your FAFSA submittal, list the amount shown as EFC (Expected Family Contribution) on the front page. Note: Applicant must have already applied for Free Application for Federal Student Aid (FAFSA) (If selected, recipient will be asked to verify FAFSA application)		
11.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.)		
	Name(s):		
	Street: City: State:	Zip:	
	Home phone of parents or legal guardians:	Work phone:	

12. On a separate sheet please write an essay (250 - 500 words) answering the questions below:

Describe how volunteer or community service has shaped who you are today and what community service has taught you. Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

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STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, it is my responsibility to remit to the Briggs Arthur Scholarship the appropriate information for my scholarship to be paid directly to my educational institution.

I hereby understand I will not submit this application without a Incomplete applications or applications that do not meet eligil		
Signature of scholarship applicant:	Date:	
STATEMENT OF SUPPORT BY	Y GUIDANCE COUNSELOR	
hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Briggs Arthur Scholarship.		
Name of Guidance Counselor submitting the application:		
High School:		
Contact information (email and phone):		
Signature of Guidance Counselor:	Date:	
Checklist Application Essay Guidance Counselor signature School Transcript Email Complete Appli	cation nackage to:	
briggsarthurscholar		
MAIL COMPLETE APPLICATIO	N PACKAGE TO THE FOLLOWING:	
BRIGGS-ARTHUR	SCHOLARSHIP	

REMINDER:

c/o Teresa Arthur P.O. Box 720523 Orlando, FL 32872

Electronic information must be received by midnight April 20, 2024. Application must be postmarked no later than April 20, 2024 if mailed.

NO EXCEPTIONS!