

COLLEGE/SCHOLARSHIP COUNSELING REQUEST FORM



TO SECURE AN APPOINTMENT WITH AN EDUCATION FOUNDATION SCHOLARSHIP COUNSELOR:

1. FILL OUT THE FORM BELOW.
2. RETURN THE COMPLETED FORM TO THE EDUCATION FOUNDATION BY
 - a. MAIL TO: 2310 NEW BEGINNINGS ROAD, KISSIMMEE, FL, 34744, ATTN: SCHOLARSHIP COUNSELING, OR
 - b. FAX TO: 407.344.4809, OR
 - c. ATTACH AND EMAIL TO richardc@osceola.k12.fl.us
3. OUR OFFICE WILL CALL TO SCHEDULE AN APPOINTMENT FOR THE STUDENT AND A PARENT/GUARDIAN.

PLEASE PRINT CLEARLY

NAME _____

HIGH SCHOOL _____ GRADE _____

STREET ADDRESS _____ CITY/ZIP _____

PHONE(S) _____ GENDER _____

STUDENT EMAIL ADDRESS _____ U.S. CITIZEN? Yes No

COLLEGE/UNIVERSITY INFORMATION

LIST THE C/U IN WHICH YOU ARE INTERESTED	APPLIED? Y/N
NAME _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR(S) _____	
ARE YOU CONSIDERING VCC? _____	

HIGH SCHOOL INFORMATION

IB? <input type="checkbox"/> YES <input type="checkbox"/> NO	AP? <input type="checkbox"/> YES <input type="checkbox"/> NO	AA? <input type="checkbox"/> YES <input type="checkbox"/> NO
DE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY CREDITS? _____	
HAVE YOU PASSED THE FCAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU TAKEN THE ACT OR SAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, YOUR BEST VERBAL AND MATH SCORES		
SAT VERBAL _____	SAT MATH _____	
ACT VERBAL _____	ACT MATH _____	
HAVE YOU TAKEN THE CPT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SCHOLARSHIP INFORMATION

WILL YOU QUALIFY FOR BRIGHT FUTURES?
100% _____ 75% _____ GOLD SEAL _____
WEIGHTED GPA _____
REQUIRED COURSES TAKEN? _____
COMMUNITY SERVICE HOURS? _____
CHECK CONNECTEDU WEEKLY? _____
HAVE YOU MET WITH THE CAREER SPECIALIST AT YOUR HIGH SCHOOL? _____
DO YOU OR YOUR PARENTS WORK FOR A COMPANY THAT MAY HAVE SCHOLARSHIPS? _____

FAMILY INFORMATION

NUMBER OF PERSONS IN HOUSEHOLD _____
YEARLY FAMILY INCOME _____
ETHNICITY _____
HAVE EITHER OF YOUR PARENTS SERVED IN THE MILITARY? _____ BRANCH _____
WILL YOU BE THE FIRST IN FAMILY TO ATTEND COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AN ESE STUDENT? _____
DO YOU OR YOUR PARENTS HAVE A DISABILITY? _____ SPECIFY _____

Extra-curricular activities/hobbies that may qualify you for a scholarship _____

FOR OFFICE USE ONLY	
Dates called _____, _____, _____	Date of appointment _____ Time _____
Counselor _____	Location _____