

LARGO BAND OF GOLD ALUMNI ASSOCIATION

SCHOLARSHIP APPLICATION

THIS APPLICATION SHOULD BE COMPLETED BY MARCH 16, 2018

FULL NAME
STREET
CITY, STATE, ZIP
PHONEDATE OF BIRTH
EMAIL ADDRESS
NAME OF PARENT OR GUARDIAN
GRADE POINT AVGCOURSE OF STUDY
NAME OF SCHOOL
SCHOOL ADMINISTRATOR (TO VERIFY INFORMATION)
SCHOOL ACTIVITIES (ATTACH A SEPARATE SHEET OF PAPER IF NECESSARY):
1
2
3
4

COMMUNITY SERVICE ACTIVITIES:
1
2
3
4
FUTURE GOALS:
PLEASE LIST ANY BAND OF GOLD FAMILY OR PERSONAL CONNECTION INCLUDING RELATIONSHIP AND YEAR OF GRADUATION:
AWARDS OR RECOGNITION RECEIVED IN SCHOOL OR COMMUNITY:
PLEASE ATTACH ANY LETTERS OF RECOMMENDATION FROM SCHOOL OR COMMUNITY OFFICIALS.
PLEASE ATTACH AN ESSAY, 250 TO 500 WORDS. YOU MAY CHOOSE THE SUBJECT FOR YOUR ESSAY.