

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	
NAME	APPLIED? Y/N
_____	<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? YES NO AP? YES NO AA? YES NO
 DE? YES NO HOW MANY CREDITS? _____

HAVE YOU PASSED THE FCAT? YES NO

HAVE YOU TAKEN THE ACT OR SAT? YES NO

IF YES, YOUR BEST VERBAL AND MATH SCORES

SAT VERBAL _____ SAT MATH _____

ACT VERBAL _____ ACT MATH _____

HAVE YOU TAKEN THE CPT? YES 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? YES 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 _____