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|  | **NSB Community and Alumni Providing Scholarships (CAPS)**  ***Scholarship Application***  *Click on Gray Box to Fill in* |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | | | | | | | | | | |
| Student’s Full Name: | | | | | | |  | | | | | | | |
|  | | | | | | | First / Middle / Last | | | | | | | |
| Student’s Address: | | | | | |  | | | | | | | | |
|  | | | | | | House # / Street Name / Apt. # | | | | | | | | |
|  | | | | | |  | | | | | | | | |
|  | | | | | | City / State / Zip Code | | | | | | | | |
| Home Phone: | | | Cell Phone: | | | | | | | | | | | |
| Email:  Father’s Name: | | | |  | | | | | | | | | | |
| Occupation: | |  | | | | | | | | | | | | |
| Mother’s Name: | | | |  | | | | | | | | | | |
| Occupation: | |  | | | | | | | | | | | | |
| Brothers and Sisters Living at Home (names & ages): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Number in family (including yourself) who will be attending college: | | | | | | | | | | | | |  | |
| Annual Family Income:    *This is the adjusted gross income as reported to the IRS for federal income tax.* | | | | | | | | Mark one  \_\_\_ $0 Reportable Income \_\_\_ Below $40,000  \_\_\_ $40,000-$80,000 \_\_\_ Above $80,000 | | | | | | |
| Academic Grade Point Average: | | | | | | | |  | | | Class Rank: | / | | |
| College/ University/Vocational School Preference: | | | | | | | |  | | | | | | |
| Have you applied? | | | | | Yes No | | | | | Have you been accepted? | | | | Yes No |
| College Major or  Career Choice: | | | | | | | |  | | | | | | |
| Will you qualify for Bright Futures? | | | | | | | | | Yes No | | | | | |
| Do you participate in Dual Enrollment?  Yes No | | | | | | | | | If so, where are you enrolled? | | | | | |
| Number of college credits you expect to complete by graduation through dual enrollment? | | | | | | | | |  | | | | | |
| Do you take Advanced Placement classes? Yes No | | | | | | | | | | | | | | |
| Number of college credits you expect to complete by graduation through Advanced Placement? | | | | | | | | | | | | | | |
| **Leadership Positions/School Organization/Athletic Activities**  List elected or appointed leadership positions at the high school in which you personally were responsible for motivation and directing others. Also include any high school organization, athletic team or club that you may have been involved in. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

Leadership Position or Activity:

Grade:9 10 11 12

Organization or Accomplishment:

Leadership Position or Activity:

Grade:9 10 11 12

Organization or Accomplishment:

Leadership Position or Activity:

Grade:9 10 11 12

Organization or Accomplishment:

Leadership Position or Activity:

Grade:9 10 11 12

Organization or Accomplishment:

|  |
| --- |
| **Recognition and Awards**  List Special Awards, Prizes and Scholarships. |

Recognition:

Grade:9 10 11 12

Group or Activity:

Recognition:

Grade:9 10 11 12

Group or Activity:

Recognition:

Grade:9 10 11 12

Group or Activity:

|  |
| --- |
| **Work Experience and Community Activities**  List community and work activities in which you have participated in. |

Non-School Work/Community:

Grade:9 10 11 12

Position Held:

Non-School Work/Community:

Grade:9 10 11 12

Position Held:

Non-School Work/Community:

Grade:9 10 11 12

Position Held:

Non-School Work/Community:

Grade:9 10 11 12

Position Held:

Non-School Work/Community:

Grade:9 10 11 12

Position Held:

YOU MUST HAVE PARENT/GUARDIAN SIGNATURE IN ORDER TO APPLY TO LOCAL SCHOLARSHIPS!

**I certify to the best of my knowledge the information on this application is correct.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Parent/Guardian Signature

*NSB Caps scholarship funds are to be used for tuition, fees, supplies and books*

*during your time at the university, college or school. It is not renewable.*

**APPLICATION MUST BE SUBMITTED BY: March 10,2023**

Email the completed application to: [nsbcapsscholarships@icloud.com](mailto:nsbcapsscholarships@icloud.com)

**Or**

Mail to:

NSB CAPS

P.O. Box 1808

New Smyrna Beach, FL 32170

COMPLETE OR ATTACH ESSAYS ON NEXT PAGE(S).

**Essays:** Please complete the following TWO essays in the space provided or

create an attachment in word or pdf format.

A minimum of 300 words are required for each essay.

***How will this scholarship help you achieve your career goals?***

***What experiences in your life have motivated you to further your education?***