

ROBERT F. MILLER MEMORIAL
Scholarship Application

Name of Scholarship: _____

Please type or print neatly in black ink

I. PERSONAL INFORMATION

Name: _____ Birthdate: _____ Grade: _____ School: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

II. COLLEGE/POST-SECONDARY INFORMATION

Major/Program of Study: _____
Career Plans: _____

Application(s) submitted to:

Received acceptance letter(s) from:

III. ACTIVITIES/COMMUNITY SERVICE/AWARDS INFORMATION

List High School Activities, Awards, and Offices held: (attach separate sheet if necessary)

List Community Service/Volunteer Activities (most recent dates first):

_____	From: _____	To: _____	Total Hours: _____
_____	From: _____	To: _____	Total Hours: _____
_____	From: _____	To: _____	Total Hours: _____

List Work Experience (most recent dates first):

Name of Employer:

_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

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IV. PERSONAL STATEMENT

Explain why (in 100 words or more) you feel you merit consideration as an applicant for an award or scholarship.

- You may wish to include educational goals and any unusual circumstances (financial, personal, etc.).
- Supply information that may be of assistance in considering your application.

Use a separate sheet of paper, typed and double-spaced, if necessary.

Return to: _____

Name: _____

Address: _____

Due Date: _____



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FINANCIAL INFORMATION FOR SCHOLARSHIPS THAT REQUIRE FINANCIAL DISCLOSURE OR THOSE INDICATING FINANCIAL NEED

(Complete with parent(s)/guardian)

Be sure to include a copy of parents' most recent 1040 tax form.

Father's Name/Guardian: _____ Occupation: _____

Place of Employment: _____ Phone: _____

Mother's Name/Guardian: _____ Occupation: _____

Place of Employment: _____ Phone: _____

Parent(s) Marital Status: _____ Married _____ Separated _____ Divorced _____ Single

Number and ages of siblings: _____

Number of children in college supported by parent(s)/guardian: _____

Person(s) responsible for applicant's financial support: _____

Has the student filed a FAFSA for Federal Grant eligibility? _____ Yes _____ No

Please complete the following:

	Parent(s)/Guardian	Student
Adjusted Gross Income		
Current amount in cash, savings account, and checking account		
Other current income sources		

Unpaid Mortgage: _____ Monthly Mortgage: _____ Monthly Rent: _____

Does the student work Yes: No:

How many hours per week? _____ Weekly Income: _____

Does the student have a car? Yes No If yes, make, model and year of car: _____

Does the student qualify for a free or reduced lunch? _____

What is the plan to finance the student's education? (Explain any special circumstances; use a separate sheet if necessary.)

Have the parents invested in a Florida Prepaid College Plan? Yes No

Please indicate any scholarships or awards the student has received, excluding local community scholarships:

Annual cost of post-secondary institution the student plans to attend (tuition, books, room & board, transportation, etc.):

I authorize the high school to release the information on this scholarship application to a committee(s) that will use it to determine the recipient for an award or scholarship. By signing below, I verify the information provided on this scholarship application to be true and complete.