

SARASOTA ORCHID SOCIETY

**\$1,000.00 Natural Science College Scholarship Application**  
for any Sarasota /Manatee County Resident attending College

I am enrolled( ) accepted( )at:

\_\_\_\_\_

Name and location of college or university

I have completed\_\_\_\_ years of study at:

\_\_\_\_\_

Name and location of college or university

1.Name \_\_\_\_\_

First

Middle

Last

2. Permanent Address

\_\_\_\_\_

3. Mailing Address

\_\_\_\_\_

4.Phone number \_\_\_\_\_ Email \_\_\_\_\_

5.Date of Birth \_\_\_\_\_ 6. Marital Status: Single \_\_\_ Married \_\_\_ Other \_\_\_

7.Present Major \_\_\_\_\_ 8.Grade Point Average \_\_\_\_\_

9.# of siblings in college \_\_\_\_\_ 10. Permanent Resident of Sarasota or Manatee County ? \_\_\_\_\_

11.Parents' Names:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Name &Address of Custodial Parent, Guardian or Spouse:

\_\_\_\_\_

How did you hear about the scholarship?

\_\_\_\_\_

I certify that the above information is correct. I understand that I must be a full time student enrolled in at least 12 credit hours at an accredited college or university and maintain a 3.0 GPA. \_\_\_\_\_

initials

Your application should be received by April 15<sup>th</sup>. Please email you applications as outlined in the “Student Eligibility” to: Barbara Delgato at [babszd04@comcast.net](mailto:babszd04@comcast.net) or Fax to 941-953-5736.