

SARASOTA ORCHID SOCIETY

**\$1,000.00 Natural Science Scholarship Application**  
for Any Sarasota /Manatee County High School Senior

I am a student at \_\_\_\_\_

High School I am enrolled ( ) or accepted ( ) 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. High School Major/Academy \_\_\_\_\_

7. Grade Point Average \_\_\_\_\_ 8. Planned College Major: \_\_\_\_\_

\_\_\_\_\_  
9. # of siblings in college \_\_\_\_\_

10. Parents Names: Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Name & Address of Custodial Parent or Guardian:

\_\_\_\_\_

How did you hear about the scholarship?

\_\_\_\_\_

I certify that the above information is correct. I understand that I am to be a fulltime student enrolled in

at least 12 credit hours at an accredited college or university. \_\_\_\_\_  
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.