

# SARASOTA ORCHID SOCIETY

## \$1,000.00 Monroe Kokin Memorial 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 \_\_\_\_\_

11. 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 ( <https://sarasotaorchidsociety.org/scholarships/>) must be received by April 1, 2021. Please email you applications as outlined in the "Student Eligibility" to: Barbara Delgato at [babszd04@comcast.net](mailto:babszd04@comcast.net)