

SARASOTA ORCHID SOCIETY

\$2,500.00 Sarasota Orchid Society 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 must be received by March 31, 2024. Please email you applications as outlined in the "Student Eligibility" to: Tracie Cady at traciecady@sarasotaorchidsociety.org