

# 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, 2025. Please email you applications as outlined in the "Student Eligibility" to: Karen Clark at [karenclark@sarasotaorchidsociety.org](mailto:karenclark@sarasotaorchidsociety.org)