

SARASOTA ORCHID SOCIETY

\$2,500 Sarasota Orchid Society 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 March 31, 2025. Please email your applications as outlined in the "Student Eligibility" to: Karen Clark at karenclark@sarasotaorchidsociety.org