

# COLLEGE/SCHOLARSHIP COUNSELING REQUEST FORM



TO SECURE AN APPOINTMENT WITH AN EDUCATION FOUNDATION SCHOLARSHIP COUNSELOR:

1. FILL OUT THE FORM BELOW.
2. RETURN THE COMPLETED FORM TO THE EDUCATION FOUNDATION BY
  - a. MAIL TO: 2310 NEW BEGINNINGS ROAD, KISSIMMEE, FL, 34744, ATTN: SCHOLARSHIP COUNSELING, OR
  - b. FAX TO: 407.344.4809, OR
  - c. ATTACH AND EMAIL TO [richardc@osceola.k12.fl.us](mailto:richardc@osceola.k12.fl.us)
3. OUR OFFICE WILL CALL TO SCHEDULE AN APPOINTMENT FOR THE STUDENT AND A PARENT/GUARDIAN.

PLEASE PRINT CLEARLY

NAME \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

PHONE(S) \_\_\_\_\_ GENDER \_\_\_\_\_

STUDENT EMAIL ADDRESS \_\_\_\_\_ U.S. CITIZEN?  Yes  No

## COLLEGE/UNIVERSITY INFORMATION

LIST THE C/U IN WHICH YOU ARE INTERESTED	
NAME	APPLIED? Y/N
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

MAJOR(S) \_\_\_\_\_

ARE YOU CONSIDERING VCC? \_\_\_\_\_

## HIGH SCHOOL INFORMATION

IB?  YES  NO AP?  YES  NO AA?  YES  NO  
 DE?  YES  NO HOW MANY CREDITS? \_\_\_\_\_

HAVE YOU PASSED THE FCAT?  YES  NO

HAVE YOU TAKEN THE ACT OR SAT?  YES  NO

IF YES, YOUR BEST VERBAL AND MATH SCORES

SAT VERBAL \_\_\_\_\_ SAT MATH \_\_\_\_\_

ACT VERBAL \_\_\_\_\_ ACT MATH \_\_\_\_\_

HAVE YOU TAKEN THE CPT?  YES  NO

## SCHOLARSHIP INFORMATION

WILL YOU QUALIFY FOR BRIGHT FUTURES?  
 100% \_\_\_\_\_ 75% \_\_\_\_\_ GOLD SEAL \_\_\_\_\_

WEIGHTED GPA \_\_\_\_\_

REQUIRED COURSES TAKEN? \_\_\_\_\_

COMMUNITY SERVICE HOURS? \_\_\_\_\_

CHECK CONNECTEDU WEEKLY? \_\_\_\_\_

HAVE YOU MET WITH THE CAREER SPECIALIST AT  
 YOUR HIGH SCHOOL? \_\_\_\_\_

DO YOU OR YOUR PARENTS WORK FOR A COMPANY  
 THAT MAY HAVE SCHOLARSHIPS? \_\_\_\_\_

## FAMILY INFORMATION

NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_

YEARLY FAMILY INCOME \_\_\_\_\_

ETHNICITY \_\_\_\_\_

HAVE EITHER OF YOUR PARENTS SERVED IN THE  
 MILITARY? \_\_\_\_\_ BRANCH \_\_\_\_\_

WILL YOU BE THE FIRST IN FAMILY TO  
 ATTEND COLLEGE?  YES  NO

ARE YOU AN ESE STUDENT? \_\_\_\_\_

DO YOU OR YOUR PARENTS HAVE A DISABILITY?  
 \_\_\_\_\_ SPECIFY \_\_\_\_\_

Extra-curricular activities/hobbies that may qualify you for a scholarship \_\_\_\_\_

FOR OFFICE USE ONLY	
Dates called _____, _____, _____	Date of appointment _____ Time _____
Counselor _____	Location _____