

FLEOA Foundation Scholarship Application

Mr./Ms: _____ E-mail: _____ Telephone: () _____

Address: _____ City: _____ State: _____ Zip: _____

FLEOA Parent: _____ Agency: _____ Telephone: () _____

Position: _____ Duty Station: _____

College Attending and location: _____ **Attach college acceptance letter**

4 Year H.S. Cumulative GPA: _____ Rank in Class: _____ / _____ **Attach H.S. transcript**

Attach SAT transcript Score: V _____ M _____ W _____ Total _____ ACT/etc _____

List All Honor/AP Courses Awards Clubs/Organizations/Employment

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please attach a separate sheet if necessary and include a letter acknowledging Awards/Service etc.

Special Consideration/Hardship: _____

