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THE DYLAN ASTACIO MEMORIAL SCHOLARSHIP FOR SEMINOLE STATE COLLEGE 2025 - 2026 APPLICATION

LONG LIVE DYLAN, INC.

		TODAY's DATE:
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMAI	L:
PARENT(S)/GUARDIAN NAME:		
SCHOOL PRESENTLY ATTENDING:		HOW LONG AT THIS SCHOOL:
HS GRADUATION DATE:		UNWEIGHTED OFFICIAL GPA:
HAVE YOU APPLIED TO SEMINOLE S	TATE COLLEGE? Y	N DATE ACCEPTED:
ARE YOU CURRENTLY EMPLOYED?	Y N	
IF YES, NAME OF EMPLOYER :		
DO YOU OR DID YOU EVER RECEIVE	FREE OR REDUCED LUI	NCH AT SCHOOL? Y N
PLEASE EXPLAIN WHY YOU NEED FII	VANCIAL ASSISTANCE F	OR COLLEGE:
LIST YOUR HOBBIES, OUTSIDE INTER	RESTS & EXTRACURRICL	JLAR ACTIVITIES:
WHAT LIFE EXPERIENCES HAVE SHA	PED YOU INTO WHO YO	OU ARE TODAY?
WHAT IS YOUR FAVORITE PLACE TO	EAT OUT?	

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LONG LIVE DYLAN, INC. NAME:
WHAT CHALLENGES HAVE YOU OVERCOME IN ACHIEVING YOUR EDUCATION?
WHAT ARE YOUR CARREER OBJECTIVES?
WHAT IS YOUR EDUCATIONAL PLAN?
WHAT ARE YOUR TOP 3 FAVORITE MOVIES?
IF YOU COULD HAVE DINNER WITH A FAMOUS PERSON FROM HISTORY, WHO WOULD IT BE AND WHAT WOULD YOU WANT TO TALK TO THEM ABOUT?
\Rightarrow Long Live Dylan, Inc. will award \$1,500 to scholarship winners who plan to attend Seminole State College.
⇒ Each \$1,500 award will be split evenly between the Fall & Spring semesters (\$750 per semester). Funds will be sent directly to the student's Seminole State College student account.
⇒ The Spring semester 2026 award will only be distributed after a review of the Fall semester transcript showing satisfactory academic performance.
MY SIGNATURE BELOW INDICATES THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE,

STUDENT SIGNATURE: ______ DATE: ______

ALL APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2025

FACTUALLY CORRECT AND HONESTLY PRESENTED.

Please mail your completed Application AND A COPY OF YOUR MOST RECENT HIGH SCHOOL TRANSCRIPT to:

Long Live Dylan, Inc. at P.O. Box 940609 • Maitland, FL 32794-0609

OR email your Application AND Transcript to longlivedylan2023@gmail.com with the subject: