**Summit of Seven Foundation, Inc.**

**Boys & Men Conference**

**Eastern Florida State College**

**Scholarship Application – Deadline: 06 May 2022**

**Eligibility Requirements:**

1. Must be enrolling or enrolled at EFSC to apply to receive funds (Brevard County High School Graduating Seniors should apply)
2. No gender restrictions for eligibility for application

[ ] Male [ ] Female [ ] Nonbinary [ ] Prefer not to answer

1. The students must use funds within the school calendar year awarded
2. **Once awarded scholarship/To receive scholarship, you must** also apply for scholarship in the EFSC Titan Awards system
3. Academic merit which includes Grade Point Average (GPA) 2.0 and above
4. Have school transcripts submitted **ONLY** if requested by the Summit of Seven Committee

Type all information and submit applications through the below websites. Missing information may be cause for non-consideration. Summit of Seven Website: [www.SummitofSeven.org](http://www.SummitofSeven.org) EFSC Website: [myEFSC (easternflorida.edu)](https://my.easternflorida.edu/content/main.cfm)

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| --- | --- |
| **Name** (Last, First Middle Initial): | Click or tap here to enter text. |
|  |
| **Residence** (Address, City, State, & Zip): | Click or tap here to enter text. |
|  |  |
| **Cell Phone:** | Click or tap here to enter text. | **Home Phone:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |
|  |  |  |  |  |  |
| Are you currently enrolled at EFSC? | Click or tap here to enter text. | Dual Enrolled? | Click or tap here to enter text. |
|  |  |  |  |
| Prospective Major? | Click or tap here to enter text. |
|  |  |  |  |  |  |
| What year of college will you be in Fall of 2022? | Click or tap here to enter text. |
|  |  |
| Where do/did you attend high school? | Click or tap here to enter text. |
|  |  |  |  |
| Student ID # | Click or tap here to enter text. |  | High School GPA? | Click or tap here to enter text. |
|  |  |  |  |  |
| List all **scholarships and grants** that you are receiving or will receive (e.g., Bright Futures, Pell Grants, Tuition assistant, etc): |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
|  |
| **Briefly state your personal need for a Summit of Seven scholarship** (family hardship, working 2 jobs, etc.) |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
|  |
| **Briefly state your educational goals:** | Click or tap here to enter text. |
| Click or tap here to enter text. |
|  |
| **List Community Volunteer work** (explain): |  | **Organization Name and Contact Information:** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
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| **Today’s Date:** | Click or tap here to enter text. |  |  |  |  |
|  |
| **Submit a minimum of a One (1) page Essay on:****“How COVID-19 Has Impacted Your Life”** |
|  |
| **Send completed application to:****belinda@summitofseven.org** **and** **amy@summitofseven.org**  |
| Click or tap here to enter text. |