

Zephyrhills High School Scholarship

Application Form

One \$1,000 scholarship will be awarded to a student male AND female each.

Name

First Name	Last Name

Phone

Email Address

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Address

Street Address	
Street Address Line 2	
City	State
ZIP	

Date of Birth

Month	Da	Year
	y	

**Counselors Name and Email
Address**

Cumulative GPA

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Why are you applying for this scholarship?

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What do you know about Progressive Supranuclear Palsy (PSP)?

List your extracurricular activities, including sports, clubs and organizations:

	Name	Position/Role	Duration
Activity 1			
Activity 2			
Activity 2			

List your community service activities and volunteer work.

	Organization	Position/Role	Duration
Activity 1			
Activity 2			

List any awards or honors you have received

Name	Description	Date

Award 1		
Award 2		

Parent/Guardian Name

First Name	Last Name

Education and Career Plans

- I plan on attending a technical or trade school**
- I plan on attending a 2 year college/community college**
- I plan on attending a 4 year college/university**
- I plan to pursue apprenticeship in a trade**

Academic Reference

	Name	Position	Contact Information
Reference			

Personal Reference

	Name	Position	Contact Information
Reference			

Expected Graduation Date

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Month	Da	Year
	y	

Date Signed

Month	Da	Year
	y	

Applicants Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the disqualification of my application

Signature

**Please send completed for to the Tom Fisher Foundation at
tff@tomfisherfoundation.org by April 10, 2026**