**FLOTILLA BOATING AND FISHING CLUB**

**SCHOLARSHIP APPLICATION SCORE SHEET**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK LIST**

**(PLACE A CHECK MARK NEXT TO THE INFORMATION THAT IS INCLUDED)**

**Initials of person checking the application ­­­­­\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Please Place a Checkmark** |  |
|  | **The application is filled out in black or blue ink.** |
|  | **All areas are complete (with the response of None or N/A to those that do not apply)** |
|  | **The application was submitted by the postmark date of May 3, 2018.** |
|  | **The student has a financial need.** |
|  | **The student is a U.S. Citizen or permanent resident.** |
|  | **The student is a Current High School Senior.** |
|  | **The student has a Minimum Grade Point Average of 3.0 or above.** |
|  | **Has been accepted for admission to an accredited College or University.** |
|  | **The student is graduating from a High School within Bexar County.** |
|  | **The application is complete there are no areas left blank.** |
|  | **A personal narrative is included stating “My Educational Goals” (200-400 words)** |
|  | **There are two letter of recommendation included in the packet.** |
|  | **A current Official High School Transcript is included (with the seal and has SAT/ACT scores listed)** |
|  | **There is an extra-curricular activities/award form included.** |
|  | **There is a class rank form included and completed by the counselor.** |
|  | **CHECK THIS AREA IF THE STUDENT DOES NOT QUALIFY FOR THE SCHOLARSHIP** |

**STATE A REASON AS TO WHY THE STUDENT DOES NOT QUALIFY FOR THE SCHOLARSHIP**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**