Women of Sugarmill Woods, Inc.

Scholarship Application

Amount \$1500.00

Eligibility

- 1. Attend College in the State of Florida
- 2. 3.0 GPA or higher
- 3. Financial need

later than February 5, 2025.

Last Name	First Name	DOB
Address (no PO Box)		
Telephone #	Email	
Do you live with your parents?	Ages of other children livin	g at home
Are they in college? Are you the	ne first generation your far	nily to go to college?
Father/Guardian		Occupation
Employer		
Mother/Guardian		Occupation
Employer		
PLEASE ATTACH		
1. Resume of activities/awards/communi	ty service/job experience	
2. Two letters of recommendation; one fr	om school personnel, one	outside school (not relative)
3. Copy of parent/guardian last complete	d 1040 tax Form. (Require	d for verification of family income)
4. Brief essay explaining your future goals circumstances, which may help with our s	•	formation, including extenuating
5. I hereby request that the guidance of include information through the Cum	•	opy of my transcript to only
Charles to the control of		

DEADLINE: Completed application and ALL supporting documentation are due in the Guidance Office no