

SAME JACKSONVILLE POST – 2014 HIGH SCHOOL SCHOLARSHIP

For permanent residents of Clay, Duval, St. Johns, Baker & Nassau counties, FL, and Camden County, GA

I. GENERAL

1. Name of Scholarship Applicant

2. Permanent Mailing Address

3. Telephone No.: _____ E-Mail Address _____

4. Gender: Male ___ Female ___ Date of Birth _____

Citizenship: U.S. _____ Other _____

5. Name of Parent(s) or Guardian(s) & SAME Post affiliation (if applicable)

6. Name and Address of High School currently attending

7. Relevant course work in school – Please indicate course work you have completed, including advanced placement classes, which are most relevant to the field of Engineering, or Architecture.

8. COLLEGE PREFERENCES

List Colleges applied to for admission with Date applied, proposed major and date accepted (if Applied and not yet received acceptance please annotate “pending”).

II. EXTRACURRICULAR ACTIVITIES

9. WORK EXPERIENCE:

List part-time, summer jobs and internships you have held since entering high school. (Paid and Unpaid). A slight preference will be given to applicants with engineering / design / construction related work experiences. Provide employer's phone number.

A. Employer _____ Your Duties _____

Date of Employment _____ Hrs/week _____

B. Employer _____ Your Duties _____

Date of Employment _____ Hrs/week _____

C. Employer _____ Your Duties _____

Date of Employment _____ Hrs/week _____

10. ACTIVITIES:

List school and community service activities (other than jobs) that you have participated in since entering high school.

D. Activity _____

Hrs / week _____

Dates in activity _____

E. Activity _____

Hrs / week _____

Dates in activity _____

F. Activity _____

Hrs / week _____

Dates in activity _____

G. Activity _____

Hrs / week _____

Dates in activity _____

V. FINANCIAL AID

12. Expected Family Contribution (EFC):

a. Are you currently receiving ANY financial aid other than loans (e.g. school scholarships, outside scholarships, grants, FL Bright Futures, etc.) to cover tuition?

Yes_____ No_____

b. Name of Scholarship(s) or Grant(s) (if applicable):

c. What is your Expected Family Contribution (EFC) from FAFSA:_____

Note to Student/Applicant: Receiving 100% tuition coverage does not disqualify nor exclude you from receiving scholarship to help you cover room and board.

VI. ESSAY

13. ESSAY:

Select one of the following questions and develop (& attach) a concise essay (approximately 250 Words) addressing:

- a) What is unique about your background and experiences that will impact your professionalism and decision making as a future architect, or engineer?
- b) What do you hope to accomplish as a practicing architect or engineer and how will these goals impact your community?
- c) How do you think the architect, or engineering communities can better reach young people?

VII. CERTIFICATIONS

14. If parent/guardian is a SAME Jax Post member, this section is to be completed by SAME member and should include a brief letter of recommendation.

I, _____, the parent/guardian of _____ and do hereby certify that he/she is enrolled in an accredited engineering/architecture curriculum and that, if chosen as a SAME Scholarship recipient, he/she will utilize the funds received to pay for his/her college expenses.

Date _____

Signature of S.A.M.E. Member and Membership Number

15. CERTIFICATION (to be completed by applicant)

I, _____, do hereby certify that the information provided herein is true and accurate, and that if chosen as a recipient of the SAME Jacksonville Post Scholarship; I will utilize the funds received to pay for my college expenses.

Date _____

Signature of Applicant, Student Member Number & Post Affiliation (if applicable)

Note: A slight preference is given to SAME student members. The membership is free. A link to the SAME National website (to become a member) is provided below.

<http://www.same.org/index.php/membership/join-same/individual-membership>

Please mail this form and the attached from to be filled out by school counselor to the Scholarship Committee Representative, Jacksonville Post, Society of American Military Engineers at the address listed below:

Carlos E. Cepero, P.E.
701 San Marco Blvd
Jacksonville, FL 32207
(904) 232-2549

Completed forms must be postmarked no later than ~~31 March~~ 2014 (Extended till 15 April).

Applicant Name _____

TRANSCRIPTS, RECORDS, AND BACKGROUND INFORMATION

(To Be Completed By Secondary School Counselor)

By submitting this application, I authorize my secondary school to make available to the Society of American Military Engineers information concerning my academic records.

Applicant signature: _____ Date: _____

SECONDARY SCHOOL REPORT

Dear Counselor:

The student whose name appears on this application has applied for an engineering / architecture / interior design or construction management scholarship. We are dependent upon you and/or your facility for such information to permit us to give this applicant the same careful consideration we give all other candidates. We believe a student's school record to-date is a predictor of future performance, hence, we will benefit from your knowledge of this applicant's record.

Whatever information you provide will be used only in the process of screening the scholarship applicants and will be held in complete confidence.

Thank you for your help.

Unweighted Grade Point Average (to date) _____ 9th, 10th, 11th, and 12th grades (on a 4.0 scale).

Weighted Grade Point Average (to date) _____ 9th, 10th, 11th, and 12th grades on a _____ (weighted scale, if applicable).

NOTE:

1. Please attach a copy of student's official transcript, including all test scores (list highest score achieved for each section).

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Applicant Name _____

SCHOLASTIC APTITUDE TEST (SAT) SCORES
SAT CRITICAL READING - SAT MATHEMATICS - SAT WRITING

DATE OF TEST _____

ACT TEST SCORES
English – Mathematics – Reading – Science – Writing

DATE OF TEST _____

High School Class size / Class rank _____

Please List the top course offered by the school in each area:

	<u>Honors</u>	<u>Dual Enrollment</u>	<u>IB</u>	<u>AP</u>
Math				
English				
Science				
Social Studies				
Foreign Language				
Other				

REMARKS OR INFORMATION YOU FEEL WOULD BE OF VALUE TO SCHOLARSHIP COMMITTEE

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Applicant Name _____

TYPED NAME OF SCHOOL OFFICIAL. _____
TITLE/ROLE _____

SIGNATURE OF SCHOOL OFFICIAL

SCHOOL NAME

ADDRESS

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (WITH AREA CODE) _____

EMAIL ADDRESS OF SCHOOL OFFICIAL _____