



BILL NELSON SCHOLARSHIP ENDOWMENT APPLICATION

NOTE: ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED!

I. CONTACT INFORMATION

NAME _____ HOME PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____ SOCIAL SECURITY NO. _____

II. ACADEMIC INFORMATION

CUMULATIVE GPA (AS OF MOST RECENT SEMESTER) _____

SAT SCORE _____ ACT SCORE _____

(AN OFFICIAL COPY OF YOUR ACT/SAT SCORES AND SCHOOL TRANSCRIPTS ARE REQUIRED IN ORDER TO PROCESS YOUR APPLICATION)

EXPECTED DATE OF GRADUATION _____ HIGH SCHOOL COLLEGE

PLEASE LIST ALL SCHOOLS ATTENDED SINCE THE NINTH GRADE:

SCHOOL _____

SCHOOL _____

ADDRESS _____

ADDRESS _____

YEARS ATTENDED _____

YEARS ATTENDED _____

SCHOOL _____

SCHOOL _____

ADDRESS _____

ADDRESS _____

YEARS ATTENDED _____

YEARS ATTENDED _____

PLEASE LIST ANY DEGREES/CERTIFICATES RECEIVED

PLEASE LIST ANY HONORS/SCHOLARSHIPS RECEIVED

III. EMPLOYMENT INFORMATION

PLEASE LIST ALL PREVIOUS EMPLOYMENT:

COMPANY NAME _____

SUPERVISOR'S NAME _____ PHONE NUMBER _____

JOB DESCRIPTION _____

COMPANY NAME _____

SUPERVISOR'S NAME _____ PHONE NUMBER _____

JOB DESCRIPTION _____

IV. PERSONAL INFORMATION

PLEASE LIST ALL EXTRACURRICULAR ACTIVITIES AND COMMUNITY SERVICE/SOCIAL ORGANIZATIONS

NOTE: PLEASE ENCLOSE A RECENT PHOTOGRAPH. (MAY BE SENT ELECTRONICALLY TO SDOVE@OPEAA.ORG)

V. SPONSOR INFORMATION

OPEAA MEMBER COMPANY _____

NAME OF EMPLOYEE _____

RELATION TO EMPLOYEE _____

VI. ESSAY

ON A SEPARATE SHEET OF PAPER, DESCRIBE YOUR ACADEMIC ASPIRATIONS IN 250 WORDS OR LESS.

VII. REFERENCES

PLEASE ATTACH TWO (2) REFERENCE LETTERS.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION, AND ANY AND ALL SUPPORTING DOCUMENTS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____

I HEREBY CERTIFY THAT APPLICANT MEETS ELIGIBILITY REQUIREMENTS.

OPEAA MEMBER'S CEO SIGNATURE _____