



# 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 \_\_\_\_\_

## II. SPONSOR INFORMATION

OPEAA MEMBER COMPANY \_\_\_\_\_

NAME OF EMPLOYEE \_\_\_\_\_

RELATION TO EMPLOYEE \_\_\_\_\_

## III. 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 \_\_\_\_\_



\*Indicates areas in which candidate will be considered for scholarship.

PLEASE LIST ANY DEGREES/CERTIFICATES RECEIVED

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PLEASE LIST ANY HONORS/SCHOLARSHIPS RECEIVED

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**IV. WORK EXPERIENCE\***

PLEASE LIST ALL PREVIOUS EMPLOYMENT AND ANY OTHER WORK RELATED ACTIVITIES:

COMPANY NAME \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

**V. PERSONAL INFORMATION\***

PLEASE LIST ALL EXTRACURRICULAR ACTIVITIES AND COMMUNITY SERVICE/SOCIAL ORGANIZATIONS

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

Supported By:  **OPEAA**  
Outdoor Power Equipment Alternatives Association

\*Indicates areas in which candidate will be considered for scholarship.