

SOUTHSIDE BUSINESS MEN'S CLUB

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Jacksonville, Florida 32247-5053

Fax: (904)725-0443

www.southsidebusinessmensclub.com

NAME _____

ADDRESS _____ ZIP _____

TELEPHONE _____ DATE OF BIRTH _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____

SAFETY PATROL AT WHICH ELEMENTARY SCHOOL _____
AND WHICH YEAR(S) _____

MOTHER _____ OCCUPATION _____

FATHER _____ OCCUPATION _____

SIBLINGS: NUMBER _____ AGES _____

FAMILY'S GROSS ANNUAL INCOME: _____

EDUCATION:
HIGH SCHOOL _____

GRADE POINT AVERAGE (ATTACH TRANSCRIPT): _____ S.A.T. SCORE: _____

COLLEGE YOU HAVE BEEN ACCEPTED TO (ATTACH LETTER OF
ACCEPTANCE): _____

CAREER
INTERESTS: _____

YOUR SIGNATURE: _____

TODAY'S DATE: _____

(continued on next page)

ACTIVITIES:

EXTRA CURRICULAR SCHOOL ACTIVITIES:

COMMUNITY
ACTIVITIES:

AWARDS AND SPECIAL RECOGNITION
RECEIVED:

HOBBIES:

EMPLOYMENT:

IN ADDITION TO THE INFORMATION LISTED ABOVE, WHY DO YOU FEEL
YOU ARE MOST QUALIFIED TO RECEIVE THIS
SCHOLARSHIP?

ATTACH LETTER OF RECOMMENDATION (guidance counselor, principal, or vice
principal)