

**APPLICATION FOR  
MARK PALMER MEMORIAL SCHOLARSHIP**  
*Administered by the Highlands Seminole Club*

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent(s) or Guardian's Name: \_\_\_\_\_

Have you applied for admission to FSU?    Yes    No

Have you been accepted to FSU?    Yes    No

Are you currently enrolled at FSU?    Yes    No    FSU Cumulative GPA: \_\_\_\_\_

FSU Student ID# \_\_\_\_\_

Have any members of your family attended or graduated from FSU?    Yes    No

If yes: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Year: \_\_\_\_\_

Have you been a resident of Highlands County, FL for at least 1 year?    Yes    No

Did you graduate from an accredited public or private high school, or homeschool program

in Highlands County, FL?    Yes    No

High School Attended: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Have you completed courses for college credit?    Yes    No

College: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

To acknowledge your authorization and verification of the submitted information, please sign below.

Signed \_\_\_\_\_ Date \_\_\_\_\_