

**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 _____