Scholarships will be awarded to Pinellas County students pursuing a degree from FSU. Incoming and returning students are eligible.

GENERAL REQUIREMENTS FOR ELIGIBILITY

Incoming Student Applicants:
➢ Be a U.S. citizen and resident of Pinellas County
➢ Be eligible for a standard diploma from an accredited Pinellas County high school
➢ Be planning to enroll as a full-time degree-seeking student in an undergraduate program at FSU
➢ Have a minimum unweighted high school GPA of 3.0 on a 4.0 scale

Returning Student Applicants:
➢ Be a U.S. citizen and resident of Pinellas County
➢ Be planning to enroll as a full-time degree seeking student in an undergraduate or graduate program at FSU
➢ Have a minimum unweighted college GPA of 3.0 on a 4.0 scale

SELECTION CRITERIA

Selection for the scholarship is based on a combination of:
➢ Community involvement
➢ Extracurricular activities / clubs
➢ Academic performance

APPLICATION CRITERIA

Applicant must complete (type or print) the attached application in its entirety, including:

<table>
<thead>
<tr>
<th>Incoming Students</th>
<th>Returning Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Provide a response for the essay question</td>
<td>➢ Provide a response for the essay question</td>
</tr>
<tr>
<td>➢ Provide an official high school transcript and official college transcript for dual enrollment courses (if applicable)</td>
<td>➢ Provide most recent official college transcript</td>
</tr>
<tr>
<td>➢ Return the completed application, essay and official transcript(s) no later than May 28, 2021.</td>
<td>➢ Return the completed application, essay and official transcript(s) no later than May 28, 2021.</td>
</tr>
</tbody>
</table>

Email completed application and supplemental paperwork to PinellasNolesScholarship@gmail.com. Use the Subject: Pinellas Noles - Scholarship Application.

You may also mail a hard copy to:
Pinellas Noles Scholarship
PO Box 7532
St. Petersburg, FL 33734-7532

Failure to supply your transcripts or essay with the application will result in immediate disqualification for scholarship consideration.
THE PINELLAS SEMINOLE CLUB FSU SCHOLARSHIP

APPLICATION TYPE

INCOMING STUDENT: ☐ Scholarship #: ___________________

RETURNING STUDENT: ☐ (Filled out by Pinellas Seminole Club)

PERSONAL INFORMATION

FIRST NAME: ________________________ MIDDLE INITIAL: ____ LAST NAME: ______________________ SUFFIX: ______

DATE OF BIRTH: _______/_______/_______ EMAIL ADDRESS: __________________________________________________

STREET ADDRESS: _____________________________________________________________________________________

CITY: _________________________ STATE: ___________ ZIP: __________ PHONE NUMBER (____) ____ - ______

FLORIDA STATE UNIVERSITY STUDENT EMPLID: __________________________________

*How to find your FSU EMPLID: [link](http://sc.my.fsu.edu/Students/FAQ)

EDUCATIONAL INFORMATION

NAME OF HIGH SCHOOL: ________________________________________________________________________________

ADDRESS OF HIGH SCHOOL: ____________________________________________________________________________

START DATE: _______________ GRADUATION DATE: _______________ CLASS RANK: _________________________

HIGH SCHOOL GPA (UNWEIGHTED): _______________ HIGH SCHOOL GPA (WEIGHTED): _______________

COMMUNITY COLLEGE NAME (IF APPLICABLE FOR DUAL ENROLLMENT): ________________________________

ADDRESS OF COMMUNITY COLLEGE: __________________________________________________________________

DATES ATTENDED: _______________________________ COMMUNITY COLLEGE GPA: _________________________

INTENDED MAJOR AT FLORIDA STATE UNIVERSITY: ______________________________________________________

EXTRACURRICULAR ACTIVITIES

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>YEARS PARTICIPATING</th>
<th>OFFICES/LEADERSHIP POSITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
AWARDS/HONORS

___________________________________________________________

___________________________________________________________

___________________________________________________________

COMMUNITY SERVICE

1. NAME OF ORGANIZATION: _______________________________________

ADDRESS & PHONE NUMBER: _______________________________________

DESCRIPTION OF THE COMMUNITY SERVICE PROVIDED: ______________

______________________________________________________________

______________________________________________________________

______________________________________________________________

TOTAL HOURS VOLUNTEERED: __________________________

2. NAME OF ORGANIZATION: _______________________________________

ADDRESS & PHONE NUMBER: _______________________________________

DESCRIPTION OF THE COMMUNITY SERVICE PROVIDED: ______________

______________________________________________________________

______________________________________________________________

______________________________________________________________

TOTAL HOURS VOLUNTEERED: __________________________
3. NAME OF ORGANIZATION: __________________________________________________________
ADDRESS & PHONE NUMBER: _______________________________________________________
DESCRIPTION OF THE COMMUNITY SERVICE PROVIDED: ______________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
TOTAL HOURS VOLUNTEERED: ________________

PERSONAL EXPERIENCE (MAY ATTACH RESUME)

EMPLOYMENT HISTORY:

COMPANY NAME: _________________________________________________________________
ADDRESS: ______________________________________________________________________
EMPLOYMENT DATES: __________________________________________________________________
JOB TITLE: ______________________________________________________________________
JOB RESPONSIBILITIES: __________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

COMPANY NAME: _________________________________________________________________
ADDRESS: ______________________________________________________________________
EMPLOYMENT DATES: __________________________________________________________________
JOB TITLE: ______________________________________________________________________
JOB RESPONSIBILITIES: __________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
ESSAY RESPONSE

Provide an essay response, in no more than 500 words, to the following question:

Incoming Students: Why FSU?

Tell us why you chose to attend Florida State University. What goals and dreams will your college degree help you accomplish?

Returning Students: What’s next?

Tell us what goals and dreams you have that your college degree will help you accomplish.

By signing this application, I give the Pinellas Seminole Club permission to look at my personal information to confirm eligibility.

I also certify that the information provided herein is accurate. Should the selection committee uncover falsified data, I forfeit the opportunity to receive this scholarship as well as any future eligibility.