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## FASFEPA Scholarship Routing Form

### Vivian Scott Scholarship

This form is to accompany each application submission of the Vivian Scott Scholarship. Applications that are submitted without the routing form or have missing signatures will be returned to the recipient.

- **Scholarship Applications Due to School District Office by March 08, 2021**
- **Scholarship Applications Due from the School District Office to FASFEPA Regional VP's by March 22, 2021**

#### STEP 1

Signature - Local High School – Principal

- Principal has verified that the student meets the qualifications for Free/Reduced Meals Application and/or is Directly Certified as Free/Reduced Meals

\_\_\_\_\_  
Signature of Principal

Application and Routing Sheet is to be sent to the staff member that coordinates scholarships at the respective school.

#### STEP 2

Signature – Local High School Scholarship Coordinator or Guidance Counselor

\_\_\_\_\_  
Signature of Scholarship Coordinator/Guidance Counselor

Application and Routing Sheet is to be sent by the staff member that coordinates scholarships to the Federal Programs Administrator / Title I District Office.

#### STEP 3

Third Signature and Final Signature – Federal Programs Administrator / Title I Office

\_\_\_\_\_  
Signature of Federal Programs Administrator/Title I Office

Federal Programs Administrator/Title I Office is to return this form along with the vetted applications and rubric to the FASFEPA Regional Vice President. Applications received directly from the applicants will be returned.

# **FASFEPA VIVIAN SCOTT SCHOLARSHIP** **APPLICATION FORM**

*FLORIDA ASSOCIATION OF State FEDERAL EDUCATION PROGRAM ADMINISTRATORS*

**Part I: (To be completed by Scholarship Applicant)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Institutional Preference(s)**

**Tuition and Educational Expenses**

1<sup>st</sup> Choice: \_\_\_\_\_ 1. \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ 2. \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ 3. \_\_\_\_\_

**A Completed FASFEPA Scholarship Application Form with all signatures must have the following attachments:**

- A one-page personal typed narrative (300 words maximum) from the applicant explaining why he/she is applying for the scholarship; including all awards, interests, leadership and service activities within the community, and future goals.
- Official copy of High School Transcript;
- Three letters of recommendation;
  - One from a principal or administrative designee on school letterhead;
  - One from a faculty member on school letterhead; and
  - One from a non-family member.
- Complete Part II A: Demonstration of Financial Need.
- List of student organizations and activities (academic, civic, fine arts, athletic)
  
- 2X3 headshot of applicant

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Demonstration of Financial Need**

High School Seniors who apply for the *FASFEP*A Scholarship must submit Part II A. After completing and signing the top section, the applicant must provide the return date requested at the bottom of the form. The applicant should forward Part II A to the High School Principal.

**Part II A: To be Completed ONLY by High School Seniors**

Institutional Preference: \_\_\_\_\_ Have you been accepted? Yes  No

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(Name of Student) (Name of Principal)  
to advise the FASFEP A Board as to my demonstrated financial need for the purpose of my application for the *FASFEP*A Scholarship Program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Student)

**To be Completed by High School Principal**

I certify that this student has a demonstrated financial need as determined by (please check **DIRECT CERTIFICATION** Free  or **Reduced**  lunch participation and that this student will meet the established criteria for obtaining a(n) \_\_\_\_\_ High School Diploma at the conclusion of this current school year. (State)

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_ Name of High School \_\_\_\_\_

School Phone Number \_\_\_\_\_ School's Percentage of Students Eligible for Free/Reduced Lunch \_\_\_\_\_

Please return this completed form to the applicant on or before \_\_\_\_\_  
Return Date Supplied By Applicant

***Return Scholarship Application by March 08, 2021 to the School District Office***