

# ROYAL VAGABOND CLUB SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Name:		
Date of Birth:	Email:	Cell Phone:
Current Address:		
City:	State:	ZIP Code:

## EDUCATION INFORMATION

Name of High School:		
School Address:		Principal's Name:
Phone:	Current Unweighted GPA:	Weighted GPA:
City:	State:	ZIP Code:

## PARENT/EMERGENCY CONTACT

Parent / Guardian Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

## PERSONAL DATA

Church Affiliation/Activities		
Number of Siblings: Sister(s):	Brother(s):	School Organizations/Activities:

## COLLEGE PREFERENCES

Name of College or Post-Secondary School Student plan to attend:		
School address:		Anticipated Enrollment Date:
Anticipated Major:	Alternate Major:	City:
Currently Accepted: (YES) (NO)	Entering Freshman: (YES) (NO)	Early College: (YES) (NO)

## REFERENCES

Name	Address	Phone

## ADDITIONAL INFORMATION

Applicant's Age:	Place of Birth:
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## SIGNATURES

I certify that the information provided for the applicant seeking to become a Scholarship recipient is complete and accurate. I authorize the verification of the information provided on this form as to my education and personal information. I have also received a copy of this application.

Signature of applicant:	Date:
Signature of Parent/Guardian:	Date:

**Note: An official high school transcript, along with two (2) letters of recommendation will need to be submitted with each application.**

# SCHOLARSHIP APPLICATION GUIDELINES

- CRITERIA:**
1. Applicant must be a high school senior.
  2. The actual scholarship will be awarded upon confirmation of enrollment in an accredited institution of higher education.
  3. Applicant must have a grade point average of 3.0 or better.
  4. Applicant must be active in school and community endeavors.

## APPLICATION

- PROCESS**
1. The Application Form **must** be completed and received by the set deadline in order to be accepted for review.
  2. Applicant must provide two (2) letters of recommendation. (Letter may be from a Guidance Counselor, Teacher, Administrator or lay person in the community).
  3. An official copy of high school transcript containing the school seal must accompany application.

**Application must be received and postmarked by March 1, 2022**

**Send To:** **Mr. Lawrence E. Dennis** or Email: [led217@comcast.net](mailto:led217@comcast.net)  
**2865 Egret Walk Terrace**  
**Jacksonville Florida 32226**

# ROYAL VAGABOND CLUB

1. Scholarship will be offered to any applicant from the Jacksonville Metro Area (Duval, Clay, Nassau, St. John's County) entering any accredited College or University.
2. The recipient will be a High School Senior going into the freshman class of any accredited College or University.
3. The Scholarship **may** be presented to the student at the Honors Day Program.
4. The Chairperson of the Scholarship committee should have all information pertaining to the student ***no later than March 1, 2022.***
5. Student should be recommended by the High School Counselor, Teacher, Administrator, or a lay person in the community.
  - a. Student must have good character.
  - b. Student must have good citizenship traits.
  - c. Student must have **C** or above average.
6. Recipients are limited to a one-time scholarship.
7. Four (4) scholarships will be given, \$1000.00 per person.
8. Scholarship funds will be released after the recipient has officially registered and is in possession of a class schedule. It is the recipient's responsibility to provide documented evidence to the scholarship committee chairman.
9. Evidence of enrollment must be submitted to the scholarship chair by Nov. 1<sup>st</sup> of the scholarship year. Failure to comply will result in forfeiture of scholarship.
10. **APPLICATION MUST BY TYPED. Handwritten will not be accepted!**

