FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS
APPLICATION FOR SCHOLARSHIP

I am applying for the F.S.A.S.A. Scholarship and:
I am enrolled ( ) or I have been accepted ( ) at:

_____
Name of College or University

1. Name (Mr., Mrs., Miss): _____
   Last First Middle
2. Permanent Address: _____
   _____
3. Phone Number: (_____)_____
   Area Code and Number
4. Sex: M ( ) F ( )
5. Date of Birth (Month-Day-Year): _____
6. Social Security Number: _____
7. Marital Status: Single ( ) Married ( ) Other ( )_____
8. High School G.P.A.: _____ College G.P.A.: _____
9. Junior College or College from which you were graduated or will be graduated:
   _____
10. Current Grade Level Status: Junior _____ Senior _____
    Filing this application does not imply that a scholarship will be awarded. It does place the applicant in line for consideration. Scholarship will be awarded only to the applicant who has been accepted at one of Florida's universities or colleges.

If I accept this scholarship, it is understood that:

1. I will be a full-time student as defined by the Office of the Registrar.
2. I will be majoring in: Political Science/Public Administration _____
   or
   Journalism/Mass Communication_____
   or
   Business Administration_____

_____ _____
Signature of Applicant Date