

**Community Foundation of Collier County
Ray & Sara Thomas Scholarship Application**

PERSONAL INFORMATION

Name: _____

Street: _____ Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Social Security Number: _____

Race: (circle one) African American Caucasian
Hispanic Other-please specify

Number & Ages of Children (if applicable): _____

Mother's Name: _____

Father's Name: _____

Guardian's Name: _____

Amount (if applicable) that parent(s)/guardian will contribute towards your education: _____

Student's Total Monthly Expenses: _____

Costs: Tuition _____ Books _____ Fees _____ Other _____

List Any Other Resources You Have Available Including Other Financial Aid:

HIGH SCHOOL INFORMATION

School: _____ GPA: _____

Counselor Name: _____ Phone: _____

List Activities and/or Offices Held: _____

List Honors and/or Awards: _____

COMMUNITY INFORMATION

List Community Service Volunteer Activities: _____

List Work Experience: _____

References: Please submit three (3) letters of recommendation. One must be drawn from a school authority. The others may come from an adult over the age of 18, that has known the Applicant for at least two (2) years.

ADVANCED TRAINING EXPECTATIONS

Institutes(s) Applied To: _____

Institute(s) Accepted By: _____

Probable Course of Study: _____

Career Plans: _____

SCHOLARSHIP AGREEMENT

The Ray & Sara Thomas Vocational Scholarship Fund requests all Applicants for scholarships to sign the following: I do not now, and will not through the course of my education, use illegal drugs. I understand that if I fail to abide by this requirement, I will have to repay the scholarship money within one year of the breach, at an annual interest rate of 10%, with a late charge of 1 1/2%, calculated from the date of receipt of my scholarship.

Witness

Applicant

Date

Date