## FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS APPLICATION FOR SCHOLARSHIP

•	oplying for the F.S.A.S.E crolled [ ] or I have been				
		Nan	ne of College or U	niversity	
1.	Name (Mr., Mrs., Ms.):	Last		First	Middle
2.	Permanent Address:				
3.	Phone Number:	()_ Area Code a			
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.				
		full-time stude	ent as defined by t Political Scien	nce/Public Admir	
	Or  Journalism/Mass Communication				
	Signature of Applica	nt			Date