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

## I am applying for the F.S.A.S.E. Scholarship and I am enrolled [ ] or I have been accepted [ ] at:

		Nam	ne of College or	University	
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 i line for consideration. Scholarship will be awarded only to the applicant who has been accepted at or 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/   Business Administration Or   Journalism/Mass Communication				

Signature of Applicant

Date

MAIL TO: SYLVIA D. STEPHENS JACKSON COUNTY SUPERVISOR OF ELECTIONS P.O. BOX 6046 MARIANNA FL 32447