## 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:

		Name of College or Unive	rsity		
1.	Name (Mr., Mrs., Ms.): Last	F	irst	Middle	
2.	Permanent Address:			Normal	
3.		Code and Number	ý.		
4.	Sex: M[] F[]				
5.		ear):			
6.	Social Security Number:				
7.	Marital Status: Single [ ] M	arried [ ] Other [ ]:			
8.	High School G.P.A.:	College G.P.A.:			
9.	Junior College or College fro	m which you were graduated of	or will be gradua	nted:	
10.		ot imply that a scholarship wil arship will be awarded only to		• • • •	
	If I accept this scholarship, it	is understood that:			
		ne student as defined by the C	Office of the Reg	istrar	
	2. I will be majorin			ration/	
		Business Adminis Or	tration		
		Journalism/Mass (	Communication		
	Signature of Applicant			Date	
	Summer or white			Date	

SYLVIA D. STEPHENS

JACKSON COUNTY SUPERVISOR OF ELECTIONS
P.O. BOX 6046

MARIANNA FL 32447