

BAKER COUNTY EDUCATION FOUNDATION
BCHS Class of 1958
Prior Graduate Scholarship

Directions:

Complete this application and return it to the Baker County Education Foundation, 270 South Boulevard East, Macclenny, Florida 32063. Please submit original and five copies. **Deadline for submitting application is Friday, April 13, 2018.**

Eligibility Criteria:

1. BCCHS Graduate
2. Hold a High School Diploma or GED Certificate;
3. Established long term residency in Baker County;
4. Will return and contribute to the Citizens of Baker County
5. Must demonstrate financial need
6. Intent of receiving either vocational or academic training for developing employable work skills

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____
(Street or P.O. Box)

(City) (State) (Zip)

Your graduation year from high school: _____
(Please attach documentation of high school diploma.)

Current level of formal training/education: _____

Current occupation: _____

Employment history: _____

Please describe your plans and career aspirations to include your proposed training program:

How can this scholarship assist you in the attainment of your career goals?

Special financial needs or circumstances that should be noted:

How will your training benefit the general well being of Baker County?

Are you currently enrolled in college/vocational school? _____ If yes name of college/vocational school _____

If not, when do you plan to enroll? _____ Name of institution you plan to attend. _____

Comments:

I affirm that if I am a successful applicant for this scholarship, the funds will be used to further my personal education through enrollment in a training and/or college program and that I will provide evidence of enrollment, status, and/or completion reports to the Foundation. I also acknowledge that I must complete vocational or academic training within 24 months of receiving this scholarship. If I am not successful in meeting this requirement, then I agree to repay the amount of the scholarship given, to the Baker County Education Foundation.

Signature of Applicant

Date

I AGREE TO REPAY THE FUNDS AS STIPULATED IF THE STUDENT DEFAULTS ON THIS AGREEMENT.

Signature of Cosigner

Date

Cosigner's Phone Number

Cosigner's Address/Post Office Box

State

Zip

STATE OF FLORIDA
COUNTY OF BAKER

The foregoing instrument was acknowledged before me this date, _____

by _____ who is personally known to me or who has produced
_____ as identification.

(Type of I.D.)

Notary Public

My Commission Expires: