

**BAKER COUNTY EDUCATION FOUNDATION**  
**Norma G. Kirkland**  
**Prior Graduate Scholarships**

**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. Going to college or to some other post-secondary training institution;
2. Must be a resident of Baker County;
3. Must have graduated from high school, not necessarily from Baker County High School, or have a GED diploma; must have been graduated for at least three years prior to application date;
4. Must demonstrate financial need;
5. Must complete 24 semester hours or the equivalent within 24 months of receiving this scholarship;
6. Training or studies must be in a field that leads to employment in that area or specialty;
7. Must demonstrate a personal commitment to the completion of the program of study or training;
8. Must show how this training will benefit the general well being of Baker County.

---

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Your graduation year from high school or received GED: \_\_\_\_\_  
(Please attach documentation of high school diploma or GED certificate.)

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?

---

---

---

---

---

When do you plan to enroll for your training?

---

---

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 24 semester hours or the equivalent within 24 months of receiving this scholarship. If I am not successful in meeting this requirement, then I agree to repay within the next 12 months, to the Baker County Education Foundation, an amount equal to that proportion of the 24 credits not earned.

---

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: