

Jacksonville Gator City Senate Scholarship Award

The Jacksonville Gator City Senate Scholarship is awarded annually, recognizing students' accomplishments, academic achievements, and community involvement.

This scholarship is open to all high school students living within the Jacksonville Gator City Senate limits, who are members of the Jacksonville Gator City Senate, or whose parent(s) is/are current members, and are planning to attend college, a technical school, or a trade school. **Applications must be submitted no later than the first Saturday in June.**

Scholarship Guidelines – The guidelines are as follows:

Scholarship: \$2,000 annually
Time Frame: Applications will be accepted from the first Sunday in May until the first Saturday in June

Mailed to: Jacksonville Gator City Senate
ATTN: Scholarship Committee
P.O. Box 9781
Jacksonville, FL 32208

Email to: TNBAGatorCitySenate@gmail.com

Applicant's Requirements – All applicants are required to meet the following criteria before submitting their application:

- Must be a student in good standing in their senior year of high school
- Must have a GPA of 2.5 or higher.
- Must be free from disciplinary action, both in school and in the community
- Must be drug-free in high school and during the scholarship term

Scholarship Terms

- Scholarship funds will be distributed upon enrollment verification.
- The scholarship will be provided for one year.
- Students who are going into the military are not eligible.
- At least 10 hours of community service.
- Submit a completed application. Partially filled-out applications will not be considered.

Selection Guidelines – Selection will be based on the following criteria:

- Student's academic transcripts (attach high school transcripts)
- Letter of recommendation from a teacher or guidance counselor.
- Applicants will write a personal statement on a separate page explaining why they should receive this award. Statements must be at least 500 words long and not more than one full page long.

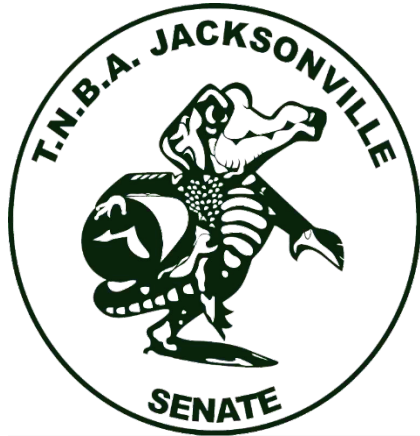
Scholarship Chairperson

Dr. Suzette S. Mosley
(904) 386-8321

TNBAGatorCitySenate@gmail.com

Jacksonville Gator City Senate Scholarship Application

(Please type or print – Electronic application is FILLABLE)



I. Personal Information

First Name _____ Last Name _____

Date of Birth (MM/DD/YYYY) _____ Male Female

TNBA Member Yes No TNBA Card No. _____

If not a TNBA member, give the name of your parent who is a member and their card no. _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

II. School Information

Name of High School Attended _____

Date of graduation (MM/DD/YYYY) _____ Attach current transcripts

III. Bowling Accomplishments (If Applicable)

Date _____ Accomplishment _____

Date _____ Accomplishment _____

Date _____ Accomplishment _____

Bowling Secretary's First Name _____ Last Name _____

Bowling Secretary's Signature _____

IV. Community Services

Name _____	Type of Services _____	Hours Worked _____
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Name _____	Type of Services _____	Hours Worked _____
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Name _____	Type of Services _____	Hours Worked _____
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Name _____	Type of Services _____	Hours Worked _____
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I hereby affirm that all the above-stated information I provided is true and correct to the best of my knowledge. I also consent that if I am chosen as a scholarship winner, my picture will be taken and used with my name to promote this scholarship program.

Student's Signature _____ Date _____

Jacksonville Gator City Senate
P.O. Box 9781
Jacksonville, FL 32208

Email - tnbagatorcitytournament@gmail.com
Website - www.tnbagatorcitysenate.com



COMPLETE THIS FORM AND SUBMIT TO A JACKSONVILLE TNBA SCHOLARSHIP COMMITTEE MEMBER.

Hours must be volunteered and may not be in conjunction with any school related activity or function. Providing false information will result in the student's disqualification from this program.

JACKSONVILLE TNBA STUDENT COMMUNITY SERVICES VOLUNTEER FORM

First Name _____ Last Name _____ Current Bowling League Name _____
 (If applicable) _____

SUPERVISOR'S AFFIRMATION: *By signing below, I affirm that the student named on this form completed the specified number of community service hours on the date listed. I also affirm that he/she did not receive any payment or reward for his/her act of service.*

Date of Service	# of Hours	Organization/Event's Name	Supervisor's Name	Supervisor's Phone No.	Supervisor's Signature

STUDENT'S AFFIRMATION: *By signing below, I affirm that the information provided on this form is true and accurate to the best of my knowledge. I also affirm that I did not receive any type of payment or reward for my act of service. I understand that if any information on this form is false, I will be ineligible for the Gator City Senate Scholarship award.*

Student's Signature _____ Date _____