



MANATEE COUNTY GATOR CLUB SCHOLARSHIP APPLICATION

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email Address: _____

High School: _____ UF Student ID#: _____

SAT Math: _____ SAT Reading: _____ SAT Writing: _____ ACT Highest Composite: _____

Current Unweighted GPA: _____ Current Weighted GPA: _____ Class Rank/Class Size: _____

Education Plans and Objectives: _____

Extra-Curricular Activities: _____

Job Experience: _____

Family Information

Father's Name/Occupation _____

Mother's Name/Occupation _____

Combined Income Range (circle)

\$ 0 - \$ 50,000

\$ 50,000 - \$100,000

\$ 100,000 - \$ 150,000

\$ 150,000 +

Number of dependent children in your family (besides yourself) and their ages: _____

Are your parents members of the University of Florida Alumni Association/Manatee County Gator Club?

_____ Yes _____ No If Yes, please provide their name: _____

- Please attach a copy of your high school transcript (including GPA and class ranking).
- Please attach a one-page statement discussing why you want to attend the University of Florida.

Signature of Parent/Guardian

Signature of Student/Applicant

All information contained on this application will remain confidential and will be used exclusively by the Gator Club Scholarship Committee and Board of Directors for the sole purpose of determining scholarship winners.

(YOU OR YOUR GUIDANCE COUNSELOR TO RETURN BY MAIL OR EMAIL:

P.O BOX 451, BRADENTON, FL 34206; ManateeGatorClub@gmail.com BY April 2, 2018)