

LEONARD VOYLES SCHOLARSHIP FUND

General Information

The Seminole Club of Clay County offers the Leonard Voyles Scholarship to encourage and assist students who are graduates of a high school within Clay County or the equivalency thereof, and who are seeking a degree from Florida State University.

THE NUMBER OF SCHOLARSHIPS available depends chiefly upon the amount of funds available to be disbursed. The Seminole Club of Clay County Board of Directors will review the fund annually and decide on the number of scholarships to be made available. As funds permit, a minimum of 3 scholarships will be awarded annually (one for incoming freshmen, one for existing students, and one for either).

THE AMOUNT OF THE SCHOLARSHIP will be a minimum of \$750. The Seminole Club of Clay County Board of Directors will determine the dollar amount for each scholarship annually. The term of each scholarship is for one academic year. While this is not a renewable scholarship, students may reapply each year that they meet the eligibility requirements and reach the next grade level.

THE SCHOLARSHIP SELECTION CRITERIA will be based on the following:

- 60% academic
- 20% extra curricular activities
- 20% community service

Community Service Verification in written form or certification from the agency/organization along with the address and contact information, should be submitted along with the scholarship application.

The applicant's legacy status will not be considered in the selection process.

ADMINISTRATION AND SELECTION OF THE SCHOLARSHIP shall be under the auspices of Florida State University, the FSU Foundation, and the FSU Alumni Association. The university will retain custody of the funds, and award the dollar value and number of scholarships as determined by the Seminole Club of Clay County Board of Directors.

A SCHOLARSHIP MAY BE WITHDRAWN and the unused balance returned to the Seminole Club of Clay County Scholarship Fund if the student drops below or fails to register for the required hours to be classified as a full time student.

GENERAL REQUIREMENTS FOR ELIGIBILITY

1. APPLICANT MUST MEET **ONE** OF THE FOLLOWING CRITERIA:
 - A. BE A RESIDENT OF CLAY COUNTY ATTENDING FSU,

OR,

 - B. BE A SENIOR ATTENDING A HIGH SCHOOL IN CLAY COUNTY OR THE EQUIVALENCY THEREOF, AND PLANNING TO ATTEND FSU,

OR,

 - C. PARENTS MUST BE CURRENT MEMBERS IN GOOD STANDING OF SCCC AND HAVE BEEN MEMBERS FOR AT LEAST THE PAST 24 MONTHS.
2. APPLICANT MUST BE ENROLLED OR PLANNING TO ENROLL AS A FULL TIME STUDENT SEEKING A DEGREE IN AN UNDERGRADUATE OR GRADUATE PROGRAM FROM FLORIDA STATE UNIVERSITY.
3. APPLICANT MUST;
 - A. BE AN INCOMING FRESHMAN WITH A MINIMUM HIGH SCHOOL GPA OF 3.5, OR THE EQUIVALENCY THEREOF, AND WHO WILL BE ENTERING FSU IN THE FALL AFTER HIS/HER GRADUATION.
 - B. BE AN UNDERGRADUATE OR GRADUATE STUDENT AT FSU WITH A MINIMUM CUMULATIVE GPA OF 3.0.
 - C. PROVIDE A COPY OF HIS/HER LATEST OFFICIAL TRANSCRIPTS, ALONG WITH THE ATTACHED APPLICATION. ONLY OFFICIAL TRANSCRIPTS CAN BE ACCEPTED.

APPLICATIONS MUST BE RECEIVED BY APRIL 1ST OF THE YEAR IN WHICH THE AWARD IS MADE.

ANNOUNCEMENT OF SCHOLARSHIP RECIPIENTS SELECTED BY THE **ALUMNI** ASSOCIATION WILL BE ANNOUNCED TO THE SEMINOLE CLUB OF CLAY COUNTY BY THE THIRD (3rd) WEEK OF APRIL.

NOTIFICATION TO RECIPIENTS OF SCHOLARSHIP SELECTION WILL BE MADE ON OR BEFORE **END OF MAY** PRIOR TO THE FALL TERM.

SCHOLARSHIP MONIES WILL BE DISTRIBUTED AFTER THE APPLICANT OFFICIALLY CONFIRMS AS A FULL TIME STUDENT.

SCHOLARSHIP AVAILABILITY TO STUDENT ATHLETES WILL BE DETERMINED BY THE FINANCIAL AID OFFICE.

ALL SCHOLARSHIP RECIPIENTS, AT THE REQUEST OF THE PRESIDENT OF FSU, WILL ACKNOWLEDGE ACCEPTANCE OF THEIR SCHOLARSHIP BY WRITTEN ACHNOWLEDGEMENT TO THE SEMINOLE CLUB OF CLAY COUNTY SPECIFYING WHAT THE MONIES WILL BE USED FOR.

Seminole Club of Clay County
P. O. Box 2920
Orange Park, Fl 32067

APPLICATIONS MAY BE OBTAINED FROM:

FSU Alumni Association
1030 West Tennessee Street
Tallahassee, Fl 32304-7719
www.alumni.fsu.edu

Any Clay County High School Guidance Office

Online: __ log on to www.alumni.fsu.edu
__ Click “get involved” tab and choose “Seminole Clubs”
__ Click “current club list”
__ Click “Florida” and “Orange Park Seminole Club of Clay County”

OR

Seminole Club of Clay County website:
www.seminoleclubclaycounty.org

APPLICATIONS SHOULD BE MAILED PRIOR TO APRIL 1ST, IN ORDER FOR THEM TO BE DELIVERED TO THE ALUMNI ASSOCIATION OFFICE BY APRIL 1

LEONARD VOYLES SCHOLARSHIP APPLICATION

Directions: Please complete the following application in **TYPED** format and **SUBMIT ONLY** the application, not the general scholarship information to:

FSU ALUMNI ASSOCIATION
ATTN; TOM BLOCK
1030 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304-7719

Completed application should be RECEIVED IN TALLAHASSEE BY APRIL 1, prior to the fall term.

Selection based on 60% Academic, 20% Extra Curricular, 20% Community Service

PERSONAL INFORMATION

NAME _____ BIRTHDATE _____

HOME ADDRESS _____ FSUSN# _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____

LOCAL TALLAHASSEE ADDRESS (if applicable) _____

TALLAHASSEE PHONE # _____

CELL/PHONE _____

EMAIL ADDRESS #1 _____

#2 _____

FSU EMAIL (IF APPLICABLE) _____

ARE YOU BEING RECRUITED AS A STUDENT ATHLETE BY FSU? ____no

____yes

EDUCATIONAL INFORMATION

INDICATE CURRENT ACADEMIC LEVEL _____ (HIGH SCHOOL/COLLEGE
CLASS/OTHER EQUIVALENCY)

NAME/ADDRESS OF HIGH SCHOOL or EQUIVALENCY

—

DATES ATTENDED _____ GRADUATION DATE _____

HIGH SCHOOL **UNWEIGHTED** GPA _____

CLASS RANKING _____

NAME/ADDRESS OF ANY COLLEGE ATTENDED:

DEGREE/MAJOR IF APPLICABLE _____

FSU DEGREE SEEKING _____ MAJOR _____

EXTRA CURRICULAR ACTIVITIES

ACTIVITY	YRS PARTICIPATING	OFFICE HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AWARDS	YEAR RECEIVED	OTHER SCHOLARSHIPS RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY SERVICE

ORGANIZATION(S) _____

CONTACT INFORMATION FOR VERIFICATION (NAME, ADDRESS, PHONE)

FAMILY INFORMATION

PARENT'S MEMBERS OF SCCC YES _____ NO _____

SCCC CONTINUOUS MEMBERSHIP SINCE _____

FATHER'S NAME _____

ADDRESS _____

EMAIL _____

MOTHER'S NAME _____

ADDRESS _____

EMAIL _____

PERSONAL EXPERIENCE (MAY ATTACH RESUME)

EMPLOYMENT HISTORY

COMPANY NAME, ADDRESS, TYPE OF BUSINESS, EMPLOYMENT DATES,
JOB TITLE AND DUTIES

COMPANY NAME, ADDRESS, TYPE OF BUSINESS, EMPLOYMENT
DATES, JOB TITLES AND DUTIES

GOALS AND OBJECTIVES

EXPLAIN YOUR CAREER GOALS AND OBJECTIVES

BY SIGNING BELOW, I GRANT FLORIDA STATE UNIVERSITY PERSONNEL ACCESS TO CONFIDENTIAL INFORMATION (SUCH AS GPA), AS NEEDED TO VERIFY INFORMATION ON THIS APPLICATION.

I ALSO CERTIFY, THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT, AND I UNDERSTAND THAT IN CASE THE SELECTION COMMITTEE FINDS THIS TO BE TO THE CONTRARY, I FORFEIT THE OPPORTUNITY TO RECEIVE THIS SCHOLARSHIP AND ANY FUTURE RIGHTS THAT I MIGHT HAVE FOR THIS SCHOLARSHIP, SHOULD I BE AWARDED A SCHOLARSHIP.

I AGREE TO NOTIFY FLORIDA STATE UNIVERSITY AND THE FSU ALUMNI ASSOCIATION OF ANY CHANGES IN MY STATUS THAT WOULD MAKE ME INELIGIBLE FOR THE SCHOLARSHIP.

DATE _____ SIGNATURE _____

