

2018 FLEOA Foundation Scholastic Application

(A typed application is recommended)

Mr./Ms.: _____ E-mail: _____

Address: _____ City _____ State: ____ Zip: _____

FLEOA Parent: _____ FLEOA Member # _____

Agency: _____ Cell Number: _____

College Attending & Location: _____ (Attach copy of acceptance letter)

4 Year H.S. Cumulative GPA: _____ Rank in Class: ____/____ (Attach copy H.S. Final Transcript)

SAT Total Score: _____ and/or ACT Score: _____ (Attach copy of Official Test Results)

Courses Completed: _____ Total Awards Received: _____

List All Clubs & Organizations: (Please attach a separate sheet if necessary)

Clubs _____	Organizations _____
_____	_____
_____	_____
_____	_____

Community Service (List up to 3 Service Activities along with a Narrative and **Attach** supporting letters) (Please attach a separate sheet if necessary)

Employment History

Dates

Hours per week

Special Consideration/Hardship (May be considered for overcoming disabilities or Parental line of duty injury/disability)

Narrative: _____

If you are completing this application online, Please scan all documents and attach to the application as PDF.