

# Dr. N.E. Roberts Memorial Scholarship 2018 Application

Amount awarded: \$1,000 Number of awards: 1

## **Scholarship criteria:**

Students must have a parent who is a member of ASBA.  
For students graduating from Polk County public or charter high schools  
and prior scholarship recipients.

Minimum GPA 2.5. Income is not considered.

In an essay student must describe meaningful and outstanding  
school and or community service.

**This award administered by the Polk Education Foundation.**

**Application must be postmarked by Wednesday, Feb. 14, 2018 and sent to:**

Polk Education Foundation  
1530 Shumate Drive  
Bartow, FL 33830  
(863) 534-0519

**Print application neatly in ink or computer generate.**

Name \_\_\_\_\_

Your Mailing  
address \_\_\_\_\_

City, ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Email  
address \_\_\_\_\_

What school are you attending now? \_\_\_\_\_

**REQUIRED:**

Name of your parent who is a member of ASBA? \_\_\_\_\_

Where do they work? \_\_\_\_\_

**Please check one -**

New applicant

Prior scholarship recipient

**If New applicant:**

Selected college or institution for Fall 2018 \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Intended college major \_\_\_\_\_

**If Prior scholarship recipient:**

Name of college you attend \_\_\_\_\_

What is your major? \_\_\_\_\_

How many credit hours do you have? \_\_\_\_\_

**Required Essay – please type or computer generate and attach your essay to this scholarship application.** In your essay applicants should tell about themselves and describe meaningful and outstanding school and or community service. Quality of service will play a large part in the selection process so please be detailed. Maximum essay two pages, double spaced, 12 point font minimum.

## SCHOLARSHIP STATEMENT

I understand that:

- (a) if my application is incomplete or does not contain all items my application will not be considered, acknowledged or returned,
- (b) scholarship will be decided based solely on the essay,
- (c) those other than Polk Education Foundation staff may review my application for the selection process,
- (f) only the recipient of the scholarship will be notified by May 30.

I further understand and agree that if I am chosen as a recipient:

- (a) I will send a thank you note to the sponsor(s) of my scholarship(s) and a copy of the same thank you note to the Polk Education Foundation,
- (b) **my scholarship check will not be released until my College Information Sheet AND a copy of my thank you note has been received by the Foundation office,**
- (d) the Foundation may use my name and photo to publicize my award without any further compensation,
- (e) if I change colleges, it is my responsibility to request that the balance of funds be transferred back to the Polk Education Foundation to be reissued to the college I will be attending. I will notify the Polk Education Foundation of this in writing,
- (f) all monies received from a one-time award must be used within five years of my graduation or award notification.. Any money remaining after that time will revert back to the Polk Education Foundation,
- (g) all scholarship checks will be sent on/about July 1 for Fall enrollment IF the above mentioned paperwork is returned to the Polk Education Foundation.

Student's

Signature \_\_\_\_\_

Date \_\_\_\_\_ year of birth if over 18 \_\_\_\_\_

Parent's

Signature \_\_\_\_\_

(required if student is under 18 years of age)

Parent's Printed

Name \_\_\_\_\_