

**Representing the finest Clerks, Recorders, Election Officials & Treasurers.**

**SCHOLARSHIP APPLICATION FORM – 2020**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Young Leader Scholarship - $2,500** | |  |
|  |  |  | **Tony Reissig Memorial Scholarship - $1,500** | |  |
|  |  |  | **Public Trust Advisors Scholarship - $1,500** | |  |
|  |  |  | **DETAILS** | |  |
|  |  |  | ● Must be a High School Graduate by June of scholarship year 2020, or a College Student | |  |
|  |  | **Eligibility Criteria:** | pursuing their Associate, Bachelor’s or Master’s Degree. | |  |
|  |  |  |  |  |
| ● Child, Grandchild, Step-Child or Step-Grandchild of Active or Life Member of | |  |
|  |  |  | iGO. | |  |
|  |  |  |  |  |  |
|  |  | **Deadline:** | ● April 16, 2020. **\*Extended to May 16, 2020 by iGO Executive Board.** |  |  |
|  |  |  |  |  |  |
|  |  | **Attach I:** | ● Applicant’s Statement: |  |  |
|  |  |  | Describe in 500 words or less how a Scholarship will help you achieve your goals. | |  |

* Resume – also must include the following:
  1. Official Transcript (GPA) mailed to scholarship chair from the Education Institution;

|  |  |  |
| --- | --- | --- |
| **Attach II:** | (b) Major Awards Received; |  |
| (c) Organization Memberships and Activities; |  |
|  |  |
|  | (d) At least One Letter of Support from a Teacher, Principal or Employer; |  |
|  | (e) Statement of Need (200 words or less) if applicable. |  |
| **Attach III**:●Wallet-size Photograph. | |  |

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|  |  | ● Gertrude Walker, Chair | | |  |  |
|  |  | Supervisor of Elections | | |  |  |
|  | **Return To:** | 4132 Okeechobee Road | | |  |  |
|  | Fort Pierce, FL 34947 | | |  |  |
|  |  |  |  |
|  |  | Email: [Gertrude@slcelections.com](mailto:Gertrude@slcelections.com) | | |  |  |
|  |  |  |  |  |  |  |
|  |  | Tel: 772-462-1500 / Fax: 772-462-1439 | | |  |  |
|  |  |  | **GUIDELINES** | |  |  |

1. Applicant must be a High School Graduate or College Student.

(Or will graduate from high school prior to the iGO 2020 Annual Conference,

at which the Scholarship will be awarded).

1. Applicant must be a Child, Grandchild, Step-Child or Step-Grandchild of an Active or Life Member of iGO. A Sponsor must be an IGO member, current with dues by the deadline date of **May 16, 2020**.
2. Any High School Senior or College Student pursuing their Associate, Bachelor’s or Master’s Degree is eligible.
3. Any Application received after the date of **May 16, 2020** shall not be considered.

Further, an incomplete application will not be considered (please include all required elements).

1. The criteria for Scholarship selection shall be based on the following:
   1. scholastic ability;
   2. applicant’s personal statement;
   3. leadership, honors, awards;
   4. reference letter(s);
   5. extracurricular activity and employment;
   6. need, if determinable.

**(Continued)**

**GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University Attending (if currently enrolled): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University You Plan to Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted? \_\_\_\_\_\_\_\_ Degree/Course in which you plan to major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current preferred career choice(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied for a Scholarship from iGO? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other Scholarship(s) for which you are a Candidate (scholarship, athletic, work, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

Sponsor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor must be current with their IGO membership dues by the deadline date of **May 16, 2020**.

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever sponsored for a scholarship for this student or for any other family member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, did the applicant receive a scholarship from iGO? If yes, give details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State reasons why you think the applicant merits consideration to receive a scholarship from iGO? If necessary, you may attach additional documentation.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Sponsor