



Scholarship Application

Student's Name: _____ **Grade:** _____

Social Security No.: _____ Birthday: _____

School attending or planning to attend: _____

Siblings? Yes No If yes, Names & Ages: _____

Parent or Guardian: _____

Address: _____

City/State: _____

Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

Eligibility Requirements

- Child applicant must have experienced the untimely loss of parent(s)
- FFNA application filed
- If eligible, Florida Pride application filed
- Evidence of financial hardship
- Letter of recommendation from educational institution or Pastor

Parent or guardian, please provide a brief description of your experience and why you are applying for this scholarship:

If led, Parent or Child, please provide a brief description of what this scholarship would mean to you:

Please feel free to use reverse side for additional space. Should you prefer to type your answers, you may attach a separate sheet of paper.

Parent's Signature: _____ Date _____

If awarded a scholarship, with your permission, Legacy of Faith Foundation would like to use your child's picture and/or story in communication and informational material.