

**THIS APPLICATION IS FOR ISLLUSTRATION PURPOSES ONLY.
AN ACTUAL APPLICATION IS AVAILABLE IN SCHOOL GUIDANCE COUNSELORS OFFICE.**

BROWARD BLACK ELECTED OFFICIALS SCHOLARSHIP APPLICATION

Date _____

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Directions: This form is to be completed by the applicant. Type or Print all requested information.
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Name _____ Age _____

Address _____ City _____ Zip _____

Phone _____ Email _____ Cell _____

Parents/Guardians _____ Phone _____

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High School _____ Cumulative GPA _____

List all academic honors & awards received in high school:

List high school clubs/organizations to which you have belonged and officers held:

List any athletic recognitions or awards you have received:

State your career goal. _____

List your past and current community service activities/projects:

Please provide any other information about yourself that you would like to share, including any special talent you might have:

Applicant's signature

Parent/Guardian's Signature