



St. Andrew Society of Tallahassee

P.O. Box 12034

Tallahassee, FL 32317

www.saintandrewtallahassee.org

Bruce D. Mitchell Memorial Scholarship Application

Name: _____ Date of Birth: _____ Phone #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Parents' Names (If applicant is less than 18): _____

I reside in: _____ County.

I am (am not) _____ a member of the St. Andrew Society.

I shall use the grant to: _____

I submit with this application a *Statement of Explanation* (not to exceed two [2] typewritten pages) describing the purpose and nature of this request. In the Statement, I have addressed scholarship criteria #'s 2, 3, 4, and 5, with particular attention to for what, where, how, and when the grant will be used and how the St. Andrew Society will benefit.

I have read, and I understand, the criteria and procedure for this scholarship program and promise to abide by them.

I further promise to use the grant for the purposes described in my accompanying *Statement of Explanation*, or return the grant to the Committee within 11 days after the use was scheduled to begin.

The information on this application and in the *Statement of Explanation* is true and correct and is composed and written solely by me.

Signature: _____ Date: _____

DEADLINE: All application materials must be received by March 15, 20____.
Submit materials to the address listed above.

Approved: _____ Disapproved: _____ Signature: _____ Date: _____