2024 Tampa Bay Post Scholarship Application

Complete the following information. Use extra sheets as necessary.

Full Name: Date: \_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present School Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year in School (next year): \_\_\_\_\_\_\_\_\_\_

(To Be Attended Next Year)

Major or Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Hours anticipated next semester: \_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current Grade Point Average (GPA): \_\_\_\_\_\_\_

List any STEM classes taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you a son or daughter of a Society of American Military Engineers (SAME) member? (Yes/No)

Are you a member of the military (active duty or reserves), ROTC or JROTC? (Yes/No)

Were you awarded this Tampa Bay SAME Scholarship in the past (Yes/No)

Are you the son or daughter of an Active Duty or Reserves Service Member? (Yes/No)

Are you a resident of Florida and residing in the Tampa Bay Area? (Yes/No)

Have you volunteered for a SAME Event (Yes/No). Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Submit a 500-word essay describing your passion on pursuing a degree in engineering and how you intend to apply this after graduation and everyday life. The essay must be an original creation of the applicant and typed, single spaced.

Optional: You may include written recommendations from faculty references; graduate students may submit professional references.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Applications must be received **NO LATER THAN 30 June 2024** to be eligible. Please apply at <https://www.sametampa.org/scholarships>

PRIVACY ACT and ACKNOWLEDGEMENT

I acknowledge reading the instructions pertaining to this benefit application and fully understand the requirements stated therein. By signing, I am verifying that the information I have provided to the Tampa Bay SAME Scholarship Committee is accurate to the best of my knowledge and I freely consent to allow the Tampa Bay SAME Scholarship Committee to confirm all the information included herein. If selected for a scholarship, I agree to allow the use of my name and picture for publication in local newspapers, media, and SAME publications.

I understand that the primary purpose of the information submitted is for the Tampa Bay SAME Scholarship Committee to judge my application for possible award of a 2023 Scholarship. Disclosure of all information is **voluntary**; however, failure to provide requested information may result in the committee and its designated judges the inability to completely judge the submitted packet and determine eligibility for an award of a scholarship. All information is used solely for the purpose of judging the applicant for a Scholarship.