

## W.L. Brewer Scholarship Fund 2016 Application

Type or Print all information Except for Signatures

PLEASE NOTE	If space provided in any section proves inadequate, information may be continued on additional she paper and attached to the application. (All sections must be completed and signed).										
DATA	NAME	Last			First		Middle In	itial			
	MAILING ADDRESS	Number	Str	eet			Apartme	nt #			
	ADDITEOU	City			State		Zip Code				
	DATE OF	MonthD	ay	Year	Phon	e (	_)				
	BIRTH				Social S	Social Security Number					
OR	NAME	Last									
	RELATIONSHIP & POSITION	Relationship to Applicant			Position at Deale			low Long?			
		City			State		Zip Code				
SCHOOL DATA	SCHOOL NAME							ear			
	PRINCIPAL				Telepho	ne (	.)				
	ADDRESS Street City State Zip Code What college or technical school have you attended since high school? (Please attach official transcript.)										
	What college do you wish to attend with this scholarship?										
	Where is it located?										
	Have you applied for admission? Have you been admitted?										
	Have you applied for scholarship assistance to the Office of Student Financial Aid at that school?										
	When do you plan to begin classes?										
GOALS AND ASPIRATIONS	Make a stateme	ent of your plans as	they relate t	o your educ	ational and	career obj	ectives and future	goals.			
	Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.										
	Company	/ / Position	From -	Da Mo/Yr	tes To - M	lo / Yr	Hours Per Week	Amount Earned			
	Company		1.0111		.0 10		7.55.51 51 FFOOR	, Carried			
			-								

## ACTIVITIES AWARDS AND HONORS

List all school activities in which you have participated during the past 4 years (e.g.., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past 4 years (e.g., Red Cross, church work, volunteer work). Indicate all special awards, honors and offices held or special interests during high school years.

Activity

Offices Held

No. of

Partic

Activity

Special Awards,

Honors

No. of

Years Partic Special Awards,

Honors

Offices Held

	-	l		I.				<u>l</u>			
	Do you plan to se to help with your			ending scho	ool, and if so what t	type of wo	ork are you prep	pared to do			
	Please tell us why you want or need this scholarship, and how you think it will assist you as you goals. You may attach one page should you need more space.										
UNUSUAL CIRCUMSTANCES	Please report any unusual family or personal circumstances that have affected your achievement in school, work experience, or your participation in school and community activities.										
certify that all the inforr	nation I have given	ahove is t	true to the hes	t of my know	vledae						
corting that all the inform	nation i nave given	above is i	irde, to the bes	t of my know	neuge.						
Applicant's signature						Date					
Employee sponsor signa	ature (parts, service	or body s	shop manager)			Date					
certify that the employe	ee sponsor listed ab	ove is a f	ull-time employ	ee at a qual	ifying Ford or Linco	oln-Mercu	ry Dealership.				
Dealership representativ	e (dealer principle e	or genera	I manager\			Title					
Journal in Lehiese Hally	c (dealer principle (	or genera	i manayei)			ı ıu <del>c</del>					

1. Transcript from high school, showing graduation or GED. (1st year applicant only.)

- 2. Current, dated letter of recommendation from a dealership representative, school counselor, teacher, business, community or personal reference. Letter of recommendation cannot be from an immediate family member.
- 3. Official stamped transcripts from any colleges or postsecondary schools attended previously.

application each time that you apply.

Check the application to be sure all blanks are filled in accurately, and that your sponsor's and dealer's signatures are filled in above.

IMPORTANT INFORMATION: Please check to make sure the following required attachments are included with this

MAIL TO: Jim Hancock

Scholarship Chairman LAKELAND AUTOMALL 1430 W. Memorial Blvd. Lakeland, FL 33815

YOUR APPLICATION MUST BE RETURNED BY MAIL POSTMARKED NO LATER THAN MARCH 15TH. If your application is selected as one of the district winners, you will be notified approximately 60 days after the above deadline. Scholarship funds will be disbursed through the Office of Student Financial Aid on your college campus.