



Volusia Association of School Administrators
\$500.00
Educational Scholarship

Name: _____ SS#: ____ - ____ - ____

Address: _____ City: _____ State: FL Zip: _____

Phone Number: _____ High School: _____

Rank in Class: _____ GPA: _____

Test Composite: SAT: _____ ACT: _____

List School activities for grades 9-12: Indicate positions of leadership:

List community service (volunteer and/or work): Indicate positions of leadership:

In an essay of 300 words or less, describe yourself. Include the reason that you wish to become a teacher and why this scholarship would be important to you. Essays will be judged on expression of thought, organization, content and neatness.

What college do you plan to attend? (Full name and address)

Admission Granted? _____

Applicant's Signature: _____

Please enclose two letters of reference

Please return this application to your Guidance Counselor, no later than:

**Friday, April 10, 2020
3:00 PM**