



Daytona Beach GATOR CLUB

serving Volusia County since the 1950s

dbgators.com

2020 SCHOLARSHIP APPLICATION Sponsored by Halifax Health UF Health Heart and Vascular Surgery Partnership

QUALIFICATIONS:

- Volusia County Residency
- Have been notified of acceptance at University of Florida
- Entering University of Florida for the first year of study
- Planning a career in Health or Medicine
- All documents for this application must be received in their entirety by the Scholarship Committee no later than March 30, 2020.
- Presentation, neatness, and completeness of this packet will be used in determining awards.

Student's Full Name: _____

Student's Full Address: _____

Phone #: _____ Cell phone # _____

Email _____ UFID _____

Parent/guardian 1 name: _____ phone# _____

(OPTIONAL) Parent/guardian 2 name: _____ phone# _____

How long have you lived in Volusia County? _____ Current high school _____

Academic Grade Point Average _____ Class Rank _____ SAT/ACT Score _____

Anticipated Completion Date of Volusia County Health Services Academy _____

College major/ career choice: _____

WORK EXPERIENCE AND COMMUNITY ACTIVITIES

List below community and work activities in which you have participated outside of school, including dates of employment, responsibilities and hours worked per week. Note any positions of leadership that you have held.

Non-School Work/Community	9	10	11	12	Position Held

PERSONAL ESSAY (500 words or less and may be inserted below)

This essay should include your ideals, educational plans and ultimate goals. Let us know how you feel the University of Florida will help you achieve them and why you are deserving of this merit-based scholarship. This essay will be evaluated on content, organization of thought, grammar, and appearance.

STUDENT STATEMENT (this scholarship application is not valid without both signatures)

If selected to receive this Volusia County Gator Club Scholarship, do you consent to having your name and/or photograph published in the Club newsletter, on the Club website, and/or any Club social media account?*

Yes_____ No_____

If granting your consent, please sign below:

Applicant's Signature

Date

If applicant is under 18 years of age, consent of parent/guardian is required:

Parent/Guardian Signature
Printed Name: _____

Date

I hereby certify that all of the information submitted above is true and accurate as of the date of this application.

Applicant's Signature

Date

If applicant is under 18 years of age, consent of parent/guardian is required:

Parent/Guardian Signature

Date

Printed Name: _____

Email documents to scholarships@dbgators.com, including the following:

- The completed application
- Essay of 500 words or less
- The GPA page only of your transcript (we do not want the entire transcript nor do we need an original)

Complete packets, including application, essay, and copy of the GPA page of your transcript, **must be received** no later than **March 30, 2020**. Questions or concerns may be directed to Catherine Coleman at the above email or (239) 878-1293.

Winners will be notified and a presentation made during a future Gator Club® event.

***Note: Your decision to grant or not grant consent has no bearing on the Scholarship Committee's review and/or scoring of your application.*