



Thank you for your interest in the George F. Sorn Scholarship, which is funded by the Florida Specialty Crop Foundation.

Following this letter, please find:

1. An information sheet which details the requirements for an applicant to apply for a scholarship
2. An application form that must be fully completed, which includes 1 through 6 on the information sheet. Please note that No. 6 requires that you write an essay, which must be at least 250 words and contain the information spelled out in No. 6 (history of family, etc.)

The deadline for application is April 15. A personal interview with the Scholarship Advisory Council may be required. Should you have any questions, please feel free to contact Jim Courtney at 813-689-8223.

Again, we thank you for your interest in the George F. Sorn Scholarship.

Sincerely,

Sonia Tighe
Executive Director



George F. Sorn Scholarship Information

Eligibility Requirements

To qualify for consideration, the applicant must document:

1. **Parents are farmworkers in Florida specialty crop agriculture:** Evidence of employer or employers in the past 12 months. The term 'specialty crop' means fruits and vegetables, tree nuts, dried fruits, nursery crops, floriculture and horticulture.
2. **Exemplary citizenship:** Demonstrated by (2) letters of recommendation from non-relatives in the community, school, or other educational agencies.
3. **Acceptance to a post-secondary institution:** Demonstrated by an attached copy of the letter of acceptance (technical school, community college or university), or a current college/university transcript if the student is already attending an institute of higher education.
4. **Will graduate from a Florida high school or currently enrolled in college:**
Records required.
5. **Extracurricular activities, awards, volunteer and paid work experience:**
Complete attached Student Activities Form
6. **Personal goals:** Include an essay of at least 250 words (maximum of 500 words) written by the applicant, which must include the following:
 - History of family
 - Educational accomplishments
 - Future plans and goals
 - Personal examples of the applicant's community service and/or work experience

All applications must be RECEIVED by April 15 at:

*Florida Specialty Crop Foundation
ATTN: Scholarship
P. O. Box 948153
Maitland, FL 32794
Or you can **fax** to: 321-214-0210*

The committee established for the purpose of selecting recipients of a gift will review the application materials and select the applicant they feel has a need and best reflects the spirit of this gift. A gift of from **\$1,000 to \$3,000** will be given out to each applicant selected. Depending on the number of qualified applicants, up to two scholarships will be awarded. Award winners may renew their awards **annually for up to three additional years** if they continue post-secondary studies and maintain a grade point average of at least 2.50. Gift funds are designed to assist with educational related needs incurred by students enrolling in or attending post-secondary institutions. Before funds are made available, the applicant must provide a copy of his/her registration form from the post-secondary institution (college, technical school, university, etc.) they are attending. ***The student must make a written request for scholarship renewal each year by June 1 and include evidence of obtaining the minimum 2.50 cumulative grade point average.***

STUDENT ACTIVITIES FORM

Name _____ Student ID# _____

Name of High School _____

GPA: Weighted _____ Test Scores: SAT _____ ACT _____ CPT _____
Unweighted _____

Recognitions, Awards, Honors:

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

Extracurricular Activities:

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

Community Service, Job Experience, etc.

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

List all financial assistance applicant has received

- Include all scholarships, grants and loans that have been awarded

Name of Award	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

What are your estimated financial needs?

- Check with the school you plan to attend for its estimated cost of attendance

Tuition and Fees:	\$ _____
Books and Supplies:	\$ _____
Computer:	\$ _____
Housing and Meals:	\$ _____
Transportation (car/gas):	\$ _____
Other (_____):	\$ _____
TOTAL	\$ _____

The information on this form and contained in this application package is true and correct to the best of my knowledge as evidenced by the following signature:

Applicant's Signature

Date

Application packet must be received by April 15 at:

Florida Specialty Crop Foundation

Attn: Scholarship

P. O. Box 948153

Maitland, FL 32794

Or fax to: 321-214-0210

Application Checklist:

Personal Essay Proof of acceptance to school chosen

Letters of Recommendation This completed application

High School Records (Transcript Summary)