

The Law Firm of Hoskins, Turco, Lloyd, and Lloyd

Scholarship Application

2008-2009

Please **type** this application or complete the electronic form available through our website and print out your information. Please provide **four copies** of the complete application which includes the application, recommendation letters, statement of educational goals and career objectives, and financial need. Please do not submit transcripts with this application. **All forms *must be signed* where requested by student, parents and guidance counselor or your application will not qualify for consideration of any scholarships.**

Student Information

Name: _____
Last First Middle

Mailing Address:

Telephone: _____ Date of Birth _____

High School Attended: _____

Phone: _____

Guidance Counselor Signature: _____

SAT: Math _____ Verbal _____ Total _____ ACT score _____

Weighted GPA _____ Unweighted GPA _____

College you plan to attend: _____ Major: _____

Florida Prepaid College yes _____ no _____

Parent Information

Father/Guardian Mother/Guardian

Name: _____ Name: _____

Address: _____ Address: _____

Annual Income: _____ Annual Income: _____

Number and ages of children in household _____

Number and ages of children in college (not including applicant):

School Extra-Curricular Activities (Make certain to indicate any leadership positions held and dates of service)

Academic Awards, Special Recognitions or Honors:

Community Awards/Service:

Activities	Hours
<hr/>	<hr/>
<hr/>	<hr/>
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Work Experience:

Employment History	Hours Worked	Length of Employment
<hr/>	<hr/>	<hr/>
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Special Interests or Hobbies:

Other Scholarships Already Received:

PLEASE SUBMIT THE ITEMS LISTED BELOW WITH YOUR APPLICATION

1. Provide at least three (3) letters of recommendation from the following sources: guidance counselor, minister, family friend, employer, or teacher.
2. A statement of educational goals and career objectives (not to exceed 200 words and submitted on one typed sheet of paper)
3. A statement describing your specific need for financial assistance (not to exceed 100 words and submitted on one typed sheet of paper)

CERTIFICATION: Both the information on this form and the supplemental information provided are true and complete to the best of my knowledge. *I understand that I am applying for the Law Firm of Hoskins, Turco, Lloyd, and Lloyd scholarship, and I must submit four copies of my complete application which includes the application, recommendation letters, statement of educational goals and career objectives, and financial need. I further understand that all documents requiring signatures of counselors, parents and individuals providing letters of recommendations must be signed or my application will not qualify for consideration.*

_____ / _____	
Applicant's Signature	Date
_____ / _____	
Parent's Signature	Date

DISCLOSURE OF LIMITED INFORMATION

My parent(s) and I understand and agree that if I receive this scholarship, the Law Firm of Hoskins, Turco, Lloyd, and Lloyd and the St. Lucie County Education Foundation may publicize and disclose my name, school, and scholarship amount.

Scholarship application should be mailed to:

**Hoskins, Turco, Lloyd & Lloyd
302 South Second Street
Fort Pierce, FL 34950**