



ALL SAINTS' EPISCOPAL CHURCH

LEDUC SCHOLARSHIP APPLICATION 2024-2025

*Please type or print all information in this application legibly.
Enter N/A if not applicable.*

Name of Applicant _____
Last
First
Middle

Address _____
Street (including Apt. #, if applicable)
City
State
Zip

Home Phone # _____ Cell Phone # _____ Email _____

Date of Birth _____ Gender (optional) _____
Month
Day
Year

High School attending Jensen Beach Martin County Port St. Lucie South Fork

| Sibling(s) Name(s) | Age | Grade Level | Name of School/College attending (if applicable) |
|--------------------|-----|-------------|--|
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|-------------------------------------|--|
| How long have you lived in Florida? | How long have you lived in Martin or St. Lucie Counties? |
|-------------------------------------|--|

TRANSCRIPT DATA
Please complete this information and request transcript from your school to be sent to our Committee.

Graduation Date _____ Class Rank _____ of _____ ACT Composite Score _____

SAT Scores: Reading _____ Writing _____ Math _____ Taking SAT or ACT again? _____ Date _____

Cumulative Unweighted GPA _____ Cumulative Weighted GPA _____

Guidance Counselor's Signature _____

COLLEGE OR TECHNICAL SCHOOL INFORMATION

| NAME OF SCHOOL YOU WOULD LIKE TO ATTEND | APPLIED | | ACCEPTED | | |
|---|---------|-----|----------------------------|-----|----|
| | Yes | No* | Waiting Decision by (Date) | Yes | No |
| 1 ST CHOICE: | | | | | |
| 2 ND CHOICE: | | | | | |
| 3 RD CHOICE: | | | | | |

* If "No," please explain.

Field of study you plan to pursue: _____

SCHOLASTIC TRANSCRIPT

Please attach a transcript of your high school record.

Describe your high school scholastic program, including the number of Advanced Placement (AP) and Honors courses, dual enrollment, etc. *(Attached additional pages, as needed).*

OTHER SCHOLARSHIPS

List all other scholarships you have applied for or received, including from the college you plan to attend.

| | | |
|-------|----------------|-----------------|
| ----- | Applied: _____ | Received: _____ |
| ----- | Applied: _____ | Received: _____ |
| ----- | Applied: _____ | Received: _____ |
| ----- | Applied: _____ | Received: _____ |
| ----- | Applied: _____ | Received: _____ |

FINANCIAL NEED

Are you eligible for **Bright Futures**? Yes No

If Yes, which level: Florida Academic Florida Medallion

Do you have a **Florida Prepaid** college plan? Yes No

If Yes, which level: Tuition only Tuition & Room/Board

Estimated total (college year) expenses at college:

Tuition and Fees: \$ _____ Room and Board: \$ _____ Other: \$ _____

From what financial resources do you expect to meet the above expenses?

Parents' annual contribution: \$ _____ Student's savings contribution: \$ _____

From 529 Plan: \$ _____ Contributions from other sources (e.g., grandparents, others): \$ _____

Family's Adjusted Annual Income per Period Year (IRS Form 1040)

- | | | |
|--|--|---|
| <input type="checkbox"/> Under \$40,000 | <input type="checkbox"/> \$40,000 - \$75,000 | <input type="checkbox"/> \$75,000 - \$100,000 |
| <input type="checkbox"/> \$100,000 - \$150,000 | <input type="checkbox"/> \$150,000 - \$200,000 | <input type="checkbox"/> Over \$200,000 |

Are there any special financial and/or personal circumstances that need to be considered? Additional sheets of paper may be used.

STUDENT WORK EXPERIENCE

Employer/Position _____ Hours per week _____

Responsibilities _____

_____ Date from _____ to _____

Employer/Position _____ Hours per week _____

Responsibilities _____

_____ Date from _____ to _____

Please use an additional sheet of paper to list details about any additional work experience.

SCHOOL AND EXTRA CURRICULAR ACTIVITIES

| SCHOOL ACTIVITIES / CLUBS / SPORTS | ESTIMATE OF HOURS / YEAR | | | | OFFICE OR LEADERSHIP POSITION/AWARDS/HONORS |
|------------------------------------|--------------------------|------------------|------------------|------------------|---|
| | 9 TH | 10 TH | 11 TH | 12 TH | |
| Sample: Football | 65 | 80 | 85 | 90 | Running back and Captain |
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Use additional sheet(s) as required.

COMMUNITY INVOLVEMENT

List all community activities/volunteer work for non-profit organizations such as activities through church, non-school organizations, scouting, theatre, environmental groups, etc. *(Do not include extra-curricular in this section)*. Please indicate special awards, honors, or offices held.

| ACTIVITY | ESTIMATE OF HOURS / YEAR | | | | OFFICE OR LEADERSHIP POSITION/AWARDS/HONORS |
|---------------------------------------|--------------------------|------|------|------|--|
| | 9TH | 10TH | 11TH | 12TH | |
| Sample: Church Youth Group Activities | 50 | 88 | 75 | 90 | Secretary Most Valuable Youth Member (MVYM) |
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PERSONAL STATEMENT *(Additional sheets or supporting information may be attached.)*

Please provide a brief personal statement (500 - 750 words) regarding you as a person, prospective college student or future member of the community - facts which will help the Scholarship Committee understand you as an individual. One or more areas of discussion that may be of interest to the selection committee include:

- What do you feel is the most positive contribution you have made so far in your life?
- A transformative event or person who has influenced your life.
- How you became interested in your proposed field of study, choice of college and career goals.
- Any special achievement, skill, obstacles overcome, or evidence of perseverance.
- What will this scholarship mean to you?

CERTIFICATION AND SIGNATURE

To be considered, an application must include:

- A typed and completed application form signed by student. (*Digital signature is permitted for applications completed online*). Application categories must **not** be left blank. Ensure you have entered N/A, if not applicable.
- Two to three letters of recommendation from non-relatives. At least one (1) should be from a current or recent teacher.
- Please complete the Transcript Data on page 1, request transcript from your school and have the school send it to our Committee at the address in the paragraph below.

Applications can be submitted either online on our website at <https://allsaintsjensenbeach.org/scholarships>, by email to: info@allsaintsjensenbeach.org, or by USPS mail, postmarked no later than January 7, 2025, to: The Rev. Dr. Anthony B. Holder, All Saints' Episcopal Church, 2303 NE Seaview Drive, Jensen Beach, FL 34957, Attn.: LeDuc Scholarship.

All information on this form, including any attachment(s) are true, correct, and complete. I understand that any false information will disqualify me from consideration. By signing below, I hereby authorize All Saints' Episcopal Church Scholarship Committee to release and use my name, photograph, and information on this application with other scholarship organizations, and in publications, press releases, brochures, advertising, and all media including but not limited to print, television, video, radio, and the internet, if I am selected as an award recipient. I shall not be entitled to any compensation for the use by All Saints' Episcopal Church of my name, photographs, and/or information.

Only the official All Saints' Episcopal Church application (*online or paper copy*) will be accepted by the Scholarship Committee.

Student's Signature

Date

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