

**FLORIDA STATE ASSOCIATION OF SUPERVISORS OF  
ELECTIONS APPLICATION FOR SCHOLARSHIP**

I am applying for the F.S.A.S.E. Scholarship and

I am enrolled          or I have been accepted          at:

Applicant Name	Name of College or University		
Mr.	Mrs.	Ms.	
	Last	First	Middle

Permanent Address:

Phone Number:

Sex: M          F

Date of Birth (Month-Day-Year):

Social Security Number:

Marital Status:   Single          Married          Other

High School G.P.A.:                  College G.P.A.:

Junior College or College from which you were graduated or will be graduated

Current Grade Level Status:   Junior          Senior

Filing this application does not imply that a scholarship will be awarded. It does place the applicant in line for consideration. Scholarship will be awarded only to the applicant who has been accepted at one of Florida's universities or colleges.

If I accept this scholarship, it is understood that:

1. I will be a full-time student as defined by the Office of the Registrar
2. I will be majoring in:                  Political Science/Public Administration/  
   Business Administration  
   Or  
   Journalism/Mass Communication

Signature of Applicant

Date