

**Susan B. English School Booster Club
Personalized Learning Scholarship
Application**

Directions: Please complete all sections on the application. Submit the application to one of the following; Current Booster Club President, SBE school principal or SBE school counselor.

Personal information

Full Name of Student _____

Physical Address _____

Phone Number _____

Eligibility

I attest my Current Cumulative GPA is 2.0 or higher as necessary for consideration for this scholarship. (Circle one) Yes No

Explain what you'd like to gain from the course funded by this scholarship;

How will you give back to the community of Seldovia for funding your personal learning opportunity?

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I (applicant) understand that I must complete the scholarship course with a C or higher to be eligible for future scholarships. (Circle one) Yes No

Course Budget Estimates

Budget Period for this Application (circle one)

First Semester Second Semester School year (2019-20)_____

(Your school counselor can help you with the following information)

Course fee \$_____

Books and Supplies \$_____

Statement of Correctness, Understanding and Authorization:

I hereby attest that the information contained in this application is true, correct and complete. I understand that the proceeds of the scholarship will be used to further my education and readiness for my future endeavors. Should for any reason the scholarship not be used, I further understand that the full amount or any portion thereof is refundable to Susan B. English School Booster Club.

Signature of Applicant

Date