



A professional IT association for Florida educators

SCHOLARSHIP APPLICATION INSTRUCTIONS for Virtual College Week Attendees

Illegible or incomplete information will disqualify your application.

1. Eligibility Requirements

- Must be an undergraduate student
- Must be enrolled as a full-time student in Florida
- Must attend a university, a four-year college, or a two-year college in Florida
- Must have a minimum 3.0 GPA
- Must attend one or more Virtual College Week Sessions (LIVE)
- Must be (or plan to be) enrolled in a Science, Technology, Engineering, or Math academic program.

2. Applications can be submitted electronically via email. Please email completed submissions to collegenight@flvc.org.

a. Scholarship Application

b. Please provide a graphic prototype describing your idea or vision of a forward-thinking mobile app that you would find helpful as a college student. Please, also provide a brief description (three paragraphs maximum) of this mobile app. Your prototype may be in the form of PDF, JPEG, PNG and must be attached to your application.

c. One (1)-page Personal Resume (should include school activities, community service, sports activities, and employment, if applicable (most current only))

e. One (1) copy of your Unofficial Transcript

3. DEADLINE FOR APPLICATION: December 15, 2018

Electronic Submission:

Applications must be submitted electronically to collegenight@flvc.org. Please submit all no later than midnight on December 15, 2018.

Please Note:

- *FAEDS will notify Scholarship Recipients of their award in the middle of January.*
- *Scholarships will be awarded upon verification of submission into a Florida Institution.*

For Questions please contact us at collegenight@flvc.org.



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Scholarship Form for Virtual College Week Attendees

PERSONAL:

Name: _____
Last First MI

Home Address: _____
Street City State Zip

Telephone: () _____

Email: _____

EDUCATION:

High School: _____

Graduation Date: _____

Current GPA: _____

Name of Institution in Florida you are (or will be) attending:

Name Telephone

Address City State Zip

Virtual College Week Session(s) Attended: _____

By signing below, you agree that all the provided information is up to date and accurate.

Student Signature

Date