

EDMOND AMATEIS FOUNDATION
SunTrust Bank
Foundations and Endowments Specialty Practice
C/O :Carman Cullen
Educational Foundaion of Lake County
2045 Pruitt Street Leesburg, FL 34748
Cullen-battc@lake.k12.fl.us

SCHOLARSHIP AWARD PROGRAM

The Edmond Amateis Foundation has scholarship funds available for local students with financial need, as determined by income eligibility guidelines as established by USDA for reduced lunch. (www.fns.usda.gov/nslp/national-school-lunch-program-nslp.)

The scholarship amount is \$1,500.00 per annual academic year, to be paid directly to the college or university of enrollment in two payments, distributed equally over the fall and spring terms of that year. After the first distribution, the recipient must be enrolled in subsequent terms to remain entitled to second term's distribution.

The general eligibility criterion is summarized on the attached application form. If you meet the criterion and wish to apply, please return the completed application with 3 copies to the Educational Foundation office by March 27, 2015 4:00 pm.

The Foundation Board will determine scholarship recipients by April 30, 2015. Applicants making the first round of cuts must be available to meet with the committee for interviews the week of April 27, 2015.

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SCHOLARSHIP APPLICATION FORM

ELIGIBILITY CRITERION:

- ◆ Must have financial need and fall with income eligibility guidelines as determined for reduced lunch by USDA
- ◆ Must be a Lake County Public School 2015 Graduate
- ◆ Must have a High School Grade Point Average (GPA) of 3.0 or higher
- ◆ Completion of 12 (twelve) credit hours required for second term funding
- ◆ Employees, Officers and Board of Directors of SunTrust Bank or the Educational Foundation and their families are not eligible for this scholarship

1. Applicant's Name: _____
(First) (Middle) (Last)

2. Current Residential Address: _____

3. Current Mailing Address: _____
_____ Zip _____

4. Home Phone () _____ Business Phone () _____

5. Social Security Number: _____ Birth Date: _____

6. High School

(School) _____ Graduation Date

7. Current GPA
_____ Weighted _____ Un-weighted

8. College Selection: _____

Major and Type of Degree Expected Upon Graduation:

9. In 500 words or less, please explain your needs, plans for the future and a statement of why you feel you should receive this scholarship. Please attach the statement to this application.

10. Attach parent's tax return for 2014.

11. Scholarships previously awarded to you for the academic year for which you are making this application:

_____	\$ _____
(Name)	(Amount)
_____	\$ _____
(Name)	(Amount)
_____	\$ _____
(Name)	(Amount)

14. Are you, or is any member of your family an employee, an officer or a member of the Board of Directors of SunTrust Bank or the Educational Foundation?

Yes No

15. Have you, or any member of your family, previously applied for the Amateis Foundation Scholarship Award?

Yes No

If yes, please list name, date(s), and the amount(s): _____

16. I agree to be available for an interview the week of April 27, 2015.

Yes No

Applicant's Signature

Date

Parent Signature if under 18

17. Verification of GPA _____
Guidance Counselor Signature Date

Proof of enrollment, financial aid office address and student ID number must be submitted to the Educational Foundation 2045 Pruitt Street Leesburg, FL 34748 by August 15, 2015. To receive second term funding, a transcript must be received by December 31, 2015.

FOR COMMITTEE USE ONLY

The above student has met _____ has not met _____ the criteria as listed above in the established guidelines.

Tax Return attached for verification of income _____ Yes _____ No