

**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](http://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 30, 2017 at 5:00 pm.

The Foundation Board will determine scholarship recipients by April 15, 2017. Applicants making the first round of cuts must be available to meet with the committee for interviews the week of April 17, 2017.

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

**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 2017 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 2016.

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 17, 2017.

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 September 1, 2017. To receive second term funding, a transcript and proof must be received by December 15, 2017.

---

**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