

LeadAmerica

Named Scholarship Application

Please check the scholarship for which you are applying.

- Andrew Sama, MD Medicine & Healthcare Scholarship** (Due by Mar 15)
- Professor Jack Pinnix Memorial Scholarship** (Due by Mar 15)
- Olegario D. Cantos VII Law & Leadership Scholarship** (Due by Feb 15)
- Edward H. Rensi, Global Business & Entrepreneurship Scholarship** (Due by Mar 15)
- Amber Reynolds Memorial Scholarship** (Due by Mar 15)

Applicant Personal Information (please type or print clearly)

Priority Identification Number (PIN): _____

Conference: _____ Location: _____ Dates: _____

Name: _____
First Middle Last

Address: _____
Number and Street City State Zip code

Phone: () _____ Date of Birth: ____ / ____ / ____

Email: _____

Family Information

Father/Guardian's Name: _____
First Middle Last

Home Address: _____
Number and Street City State Zip code

Phone: Home () _____ Work () _____ Cell () _____

Email: _____

Mother/Guardian's Name: _____
First Middle Last

Home Address: _____
Number and Street City State Zip code

Phone: Home () _____ Work () _____ Cell () _____

Email: _____

Essay

Attach a written statement/essay by the student explaining why she/he should be awarded the scholarship. Essay should be typed, on one page, double-spaced and 12 pt font.

Honors and Awards

List and briefly describe any honors or awards you have received:

Extracurricular Activities

Please list any extracurricular activities and community service experience.

Activity/Organization	Position	Dates

Reminders

- The student's account will be credited the award amount or if no tuition is due, excess tuition after the scholarship is awarded will be refunded.
- You must have completed all requested information and attached the required essay.
- Your application must be signed below and submitted by the stated due date.
- If the scholarship amount requested is not granted, the student will not be enrolled and the full tuition deposit will be returned unless otherwise indicated below.

_____ Please enroll the student applicant regardless of whether the scholarship is granted.
Initials

The signatures below attest that all information provided is complete, accurate and honestly presented. The signatories below give *LeadAmerica* permission to confirm any data with schools or organizations listed.

Applicant Signature (*required*) _____
Date

Parent/Guardian Signature (*required*) _____
Date

Mail or fax this application to the Admissions Office:

LeadAmerica
Admissions Office
1515 S. Federal Highway
Suite 301
Boca Raton, FL 33432
Fax: 561-368-8151