



THE ALLIANCE  
for World Class Education

## Duval County Public Schools Employee Scholarship 2008 Application

*IMPORTANT: Please type or print all information on this form. All information must be complete to be eligible for the scholarship. The application must be signed by parent/guardian and applicant. This application is only one part of the application packet. Please refer to the Scholarship Guidelines for additional information.*

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Mother: \_\_\_\_\_ Email address: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if different than above) (if different than above)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if different than above) (if different than above)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of siblings living with you: \_\_\_\_\_ Total annual household income: \_\_\_\_\_

Number of siblings attending college and where: \_\_\_\_\_

Community and school activities, awards, honors (you may attach a separate page):

We certify that all of the information on this application is correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**Application deadline is Friday, March 14, 2008**