



**THE MICHAEL ABT JR. MEMORIAL ENDOWED  
SCHOLARSHIP APPLICATION**

(Funded by the Michael Abt, Jr. Have a Heart Foundation, Inc. – Non-Profit Number CH21741)

**2016-2017 Application**

**Application Deadline: March 15, 2016**

In order for your application to be considered, please attach **all** documents listed below and return to the IRSC Foundation Office. One letter of recommendation from a Sebastian River High School faculty or staff member is required. Incomplete applications will not be considered.

**Eligibility Requirements:**

1. Must be a graduating senior from Sebastian River High School
2. **Must be planning to attend IRSC**
3. Must have a 2.0 or higher GPA

**Required Documents:**

1. Completed Scholarship Application
2. High School Transcripts
3. Counselor Report
4. One letter of recommendation (Sebastian River High School faculty or staff member)

Send all documents to:

Julia T. Keenan  
IRSC Foundation Office  
3209 Virginia Avenue  
Fort Pierce, FL 34981  
(772) 462-4786 (phone)  
(772) 462-4602 (fax)



**Father/Guardian's Current Employer(s)**

Parent/Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated Yearly Income (before taxes: \_\_\_\_\_

**SECTION D HOUSEHOLD INFORMATION**

Please list all family members or persons living in the home other than student applying:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Currently in College</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION E STUDENT GOALS AND ACCOMPLISHMENTS**

Please describe your current academic and career goals. (Feel free to attach separate document if more space is needed.)

---



---



---



---



---



---



---

Please describe any awards or achievements that you feel the scholarship committee should be aware of. (Feel free to attach separate document if more space is needed.)

---



---



---



---



---



---



---

Please describe any extenuating circumstances that you feel the scholarship committee should be aware of, as related to your financial need for this scholarship. (Feel free to attach separate document if more space is needed.)

---

---

---

---

---

---

---

**Applicant Certification and Authorization - Signature Required**

*I declare that my responses on this application are true, correct, and complete. I understand the terms and conditions of the scholarship for which I am applying. I hereby authorize release of information contained in this application, my academic transcript and any additional information to scholarship donors and the IRSC Foundation Scholarship committee.*

**I UNDERSTAND THAT IF MY APPLICATION IS NOT COMPLETE, IT WILL NOT BE CONSIDERED.**

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Parent/Guardian Certification and Authorization**

(For students under 18 or those listed as a dependant for tax purposes)

I declare that the above responses are true, correct, and complete. I hereby authorize the release of information contained on this application that might be required to scholarship donors.

\_\_\_\_\_  
*Parent/Guardian signature*                      *Date*                      *Parent/Guardian signature*                      *Date*