



# Davis Family Altruistic Foundation Scholarship

## 2017-2018 Application

Application Deadline: March 31, 2017

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**The Davis Family Altruistic Foundation Scholarship is for Richard K. Davis Corporations' employees and their dependents only.** In order for your application to be considered, please attach **all** documents listed below and return to the IRSC Foundation Office. Letters of recommendation are encouraged but not required. Incomplete applications will not be considered.

### **Required Documents**

1. Completed Scholarship Application
2. **Official** HS and/or College Transcripts (For current students only)
3. Test Score Documentation, if available (i.e. CPT, ACT, SAT)
4. Typed letter of intent stating educational and career goals

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)



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

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

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

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

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

**SECTION C SPOUSE INFORMATION (IF APPLICANT IS MARRIED)**

**Spouse's Current Employer(s)**

Spouse'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 ACTIVITIES AND ACCOMPLISHMENTS**

Please describe any awards or achievements that you feel the scholarship committee should be aware of.

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Please describe any extenuating circumstances that you feel the scholarship committee should be aware of.

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**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*