

John van Zandt Scholarship Fund Application

For more information contact Jillan Ptak, Director of Development, at development@centerami.org or (941)778-1908

| Full Name: | |
|--|---|
| Address: | |
| Phone: | |
| Social Security #: | |
| School: | |
| List Honors and Advanced | |
| Placement Courses Taken in | |
| 11 th & 12 th Grades: | |
| List Academic Honors and | |
| Other Awards: | |
| List Extracurricular | |
| Activities (volunteering, work experience, clubs, organizations, | |
| leadership positions, and length of | |
| times in each): | |
| List your ACT or SAT | |
| Score (optional): | |
| 1. Post High School | |
| Experience Plan 2. Intended Program | |
| 2. Intended Program Outcome | |
| 3.Anticipated Length | |
| of Program | |
| Selected Programs: | |
| 1st Choice | |
| 2 nd Choice | |
| 3 rd Choice | |
| Do you anticipate needing | ☐ Yes ☐ No |
| to rely on an educational | |
| loan to pay for your | |
| program/school? | |
| Do either or both of your | ☐ Yes ☐ No |
| parents work on the island? | If so, where? |
| I hereby acknowledge and give | be received by April 26, 2024. my permissions for photographs of myself, as a recipient of a scholarship, to be and used in promotions by The Center of Anna Maria Island. |
| (Parent/Guardian Signature) | (Date) |

Essay- Tell us about yourself and why you want to do what you described above.