

THE SOCIETY OF MAYFLOWER DESCENDANTS IN THE STATE OF FLORIDA
SCHOLARSHIP APPLICATION

Last Name _____ First Name _____ Middle _____

Telephone _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____ Birth Date _____

Mayflower Ancestor(s) _____

Are you a Junior Mayflower Member? Colony _____

Sponsoring Relative _____

Colony _____ GEN# _____ FL# _____ Relationship _____

Educational Plans and Objectives _____

College you plan to attend _____ Location _____

Career Goal _____

GPA(4.0 System) _____ Class Rank _____ Out of _____
(Requirements: Unweighted GPA of 3.0 or better)

Attach to this form:

- Your 400-600 word essay on “How has being a Mayflower Descendant influenced the way you act and think about your abilities, education, talents and future goals?”
- A copy of your school transcript.
- Two letters of recommendation: One from a school official and one from a non-relative
- List on one side of a 8 ½ x 11 paper extracurricular activities, honors received and any pertinent information that will demonstrate community involvement. Maximum 2 pages.
- A photograph of yourself.

Mail application postmarked by April 1 to:

Laura S. Brock
State Scholarship Chair
430 Bay St. NE # 705,
St. Petersburg, FL 33701-3040

Applicants Signature _____ Date _____