



A professional IT association for Florida educators

## SCHOLARSHIP APPLICATION INSTRUCTIONS

*Illegible or incomplete information will disqualify your application.*

### 1. Eligibility Requirements

- Must be an undergraduate student
- Must be enrolled as a full-time student in Florida
- Must attend a university, a four-year college, or a two-year college in Florida
- Must have a minimum 3.0 GPA
- Must be (or plan to be) enrolled in a Science, Technology, Engineering, or Math academic program.

### 2. Applications can be submitted electronically via email. Please email completed submissions to [athimmes@flvc.org](mailto:athimmes@flvc.org).

#### a. Scholarship Application

b. Please provide a graphic prototype describing your idea or vision of a forward-thinking mobile app that you would find helpful as a college student. Please, also provide a brief description (three paragraphs maximum) of this mobile app. Your prototype may be in the form of PDF, JPEG, PNG and must be attached to your application.

c. One (1)-page Personal Resume (should include school activities, community service, sports activities, and employment, if applicable (most current only))

e. One (1) copy of your Unofficial Transcript

### 3. DEADLINE FOR APPLICATION: April 1, 2019

#### Electronic Submission:

Applications must be submitted electronically to [athimmes@flvc.org](mailto:athimmes@flvc.org).

#### *Please Note:*

- *FAEDS will notify Scholarship Recipients of their award in the middle of May.*
- *Scholarships will be awarded upon verification of submission into a Florida Institution.*

For Questions please contact us at [athimmes@flvc.org](mailto:athimmes@flvc.org).



A professional IT association for Florida educators

## Scholarship Form

### PERSONAL:

Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### EDUCATION:

High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Name of Institution in Florida you are (or will be) attending:

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Address City State Zip

Virtual College Week Session(s) Attended: \_\_\_\_\_

By signing below, you agree that all the provided information is up to date and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date