



Dolphin AVIATION, INC.

SCHOLARSHIP APPLICATION

(Manatee and Sarasota County High Schools)

Name _____ Date _____
Last First Middle

Address _____ City _____ Zip _____

Age _____ Home Phone _____ Cell Phone _____

High School _____

Guidance Counselor _____ Phone _____

Career Goal, Educational Plans and Objectives:

School you plan to attend _____ Have you been accepted? _____

Extra Curricular Activities _____

Number of brothers/sisters who will also be in college next year _____

Family's annual income _____

Total number of people in household dependent on above income, to include yourself _____

GPA _____ (4.0 system) Class Rank _____ Out of _____

Do you take honors courses? _____

Please attach: 1. A one-page essay stating why you wish to attend college/technical school, and why you need financial help. 2. A letter of recommendation from either a teacher or guidance counselor.

Note: It is not necessary to include your transcript.

Signature of Applicant _____ E-mail Address _____

Return application by **April 15** : **E-mail: C.Leilani@aol.com**

Fax: 941-355-6441

Mail: Dolphin Aviation Scholarship
Attn: Executive Office
8191 N. Tamiami Trail
Sarasota, FL 34243