

SARASOTA ORCHID SOCIETY

**\$1,000 - The Monroe Kokin Memorial Sarasota Orchid Society Scholarship
for any Sarasota /Manatee County High School Senior**

I am a student at: _____

High School I am enrolled () or accepted () at:

Name and location of college or university

1.Name

First	Middle	Last
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2. Permanent Address: _____

3. Mailing Address: _____

4. Phone number: _____ Email: _____

5. Date of Birth: _____ 6. High School Major/Academy: _____

7. Grade Point Average: _____ 8. Planned College Major: _____

_____ 9. # of siblings in college _____

11. Parents' Names:

Father: _____ Mother: _____

Name & Address of Custodial Parent or Guardian: _____

How did you hear about the scholarship? _____

I certify that the above information is correct. I understand that I am to be a fulltime student enrolled in at least 12 credit hours at an accredited college or university. _____ initials _____

Your application should be received by April 1st. Please email you applications as outlined in the "Student Eligibility" to: Barbara Delgato at babszd04@comcast.net or Fax to 941-953-5736.