

The Hayden Scholarship Foundation Application

All items must be completed. Please print in ink or type. Return completed application to:
The Hayden Scholarship Foundation • 6547 Midnight Pass Road #77 • Sarasota, FL 34242

Deadline for Fall, August 15th; Spring, January 15th!

Name _____
LAST FIRST MIDDLE MAIDEN

Social Security Number _____ Date of Birth _____

E-Mail Address _____ Sex: _____ Male _____ Female

Permanent Address _____

STREET or P.O. BOX

CITY

STATE

ZIP

COUNTY

TELEPHONE NUMBER

Local Address _____

STREET or P.O. BOX

CITY

STATE

ZIP

TELEPHONE NUMBER

Enrollment Status: ___New freshman ___Transfer ___Re-Entry ___Currently Enrolled

Classification: ___Freshman ___Sophomore ___Junior ___Senior

This application for scholarships is for the _____ academic school year.

SCORES: ACT _____ SAT _____ High School GPA _____ College GPA (if applicable) _____

Intended College _____ Intended Major _____

High School Graduated From: _____ Date _____

**Please note The Hayden Scholarship sends funds directly to the University
or College to be applied to tuition expenses.**

Please do not forget to complete the second page of the application!!!

List below any honors that you have received. (Include academic, extracurricular, athletic,
community service, etc.)

List Extracurricular Activities (Include participation in community activities as well).

If there is any further information that you feel would be helpful to The Hayden Scholarship in considering you for funds please use the following space to explain.

I certify that the information submitted is true and complete to the best of my knowledge.

Signature of Applicant

Date