



WAKULLA COUNTY ACADEMIC BOOSTERS ASSOCIATION

The Academic Foundation For Wakulla County

PO BOX 448, CRAWFORDVILLE, FL 32326

WAKULLAACADEMICBOOSTERS@GMAIL.COM

We are committed to the academic achievement of students in Wakulla County.

2025 Scholarship Application Deadline: March 14, 2025

The Wakulla Academic Boosters (WAB) has more than 40 scholarships available ranging from \$600 to \$5,000. The majority of these scholarships are restricted to TSC due to our funding covenants, but a limited number are available for other colleges. Please indicate all of the items below which apply, as you may be eligible for more than 1 scholarship. (Many students find they will take summer classes or pre-requisite classes at TSC while also attending other schools.) Please print in ink or type and return to the WHS Guidance Office or send to the address above:

1. Name: _____ Age: _____

Address: _____ City: _____

E-Mail: _____ Phone: _____

Parent/Guardian Contact Information (Name, phone, and address if different):

2. Unweighted High school GPA _____ Scores if available: ACT Composite _____ SAT: Verbal _____ Math _____

PERT Score: Math _____ Reading _____ Writing _____

3. Please describe your plans for continuing your education after high school and indicate which colleges or schools you plan to attend. This information is required for consideration:

_____ I plan to attend TSC

_____ I plan to attend a college in the Florida state university system (specify) _____

_____ I plan to attend another college or trade school (specify) _____

FINANCIAL

This section should be completed as accurately as possible as many of our scholarships contain criteria dealing with financial need for college assistance.

1. How many family members are in your household? _____

2. How many are currently attending college/will be attending this year? _____

3. What was your total family income last calendar year? Check one:

_____ Under \$50,000 _____ \$50,001 to \$75,000 _____ \$75,001 to \$100,000 _____ \$100,001 to \$150,000 _____ Over \$150,000

4. Do you currently have or expect to have any unusual expenses or circumstances such as family medical issues, single parent household, transportation or technology needs ? If so, please comment on them.

Wakulla Christian School students please attach a transcript.

Signature and Authorization for Release of Records

I certify that this information is true to the best of my knowledge and if I am awarded a scholarship, I hereby give my permission to Wakulla High School to release my address, telephone number, e-mail address to the Wakulla County Academic Booster Association representative in charge of distribution of scholarship monies. By submitting this application to the WAB, I certify its accuracy and allow the Board of Directors to evaluate scholarships for which I may be eligible. I further give my permission for the WAB to make inquiries of the guidance office and to obtain my official records should additional information be required.

Student's Name (printed, black ink) _____

Student's Signature (black ink) _____