



THE ROBERT VOTAW SCHOLARSHIP FUND

General Information

The Southwest Florida Seminole Club - Robert Votaw Scholarship Fund was established to award well deserving Lee County high school graduates or the equivalency thereof, funding toward their undergraduate studies in order to receive the quality educational experience that Florida State University offers.

THE NUMBER & AMOUNT OF SCHOLARSHIPS available depends upon the amount of funds available to be disbursed. The Southwest Florida Seminole Club Board of Directors will review the Scholarship Fund annually and decide on the number of scholarships and amounts to be made available as fund permit. These are one-time scholarships in the envisioned amount of \$1,000. The scholarship(s) can be awarded to one or more freshman students. The selection of recipients is to be made by the Southwest Florida Seminole Club.

THE SCHOLARSHIP SELECTION CRITERIA will be based on the following:

- 50% academic
- 20% financial need
- 10% essay between 250-500 words
- 10% extra-curricular activities
- 10% community service

In compliance with NCAA Rules, we are not allowed to give a scholarship to anyone who anticipates playing a varsity sport for Florida State University.

The applicant's legacy status will not be considered in the selection process.

ADMINISTRATION AND SELECTION OF THE SCHOLARSHIP shall be under the auspices of Florida State University, the FSU Foundation, and the FSU Alumni Association. The university will retain custody of the funds, and award the dollar value and number of scholarships as determined by the Southwest Florida Seminole Club Board of Directors.

A SCHOLARSHIP MAY BE WITHDRAWN and the unused balance returned to the Southwest Florida Seminole Club Robert Votaw Scholarship Fund if the student drops below or fails to register for the required hours to be classified as a full time student.



GENERAL REQUIREMENTS FOR ELIGIBILITY

1. Application must meet one of the following criteria:
 - A. Be a resident of Lee County attending FSU, OR
 - B. Be a senior attending a high school in Lee County, or the equivalency thereof, and planning to attend FSU,
2. Applicant must be enrolled or planning to enroll as a full time student seeking a degree in an undergraduate program from Florida State University,
3. Application must provide:
 1. Application
 2. Essay
 3. Latest official transcript along with the name and contact information of a school official who can verify this information.

Other Important Information

- **APPLICATIONS MUST BE RECEIVED BY JUNE 1st, 2018**
 - Email application to SWFloridsSeminoleClub@gmail.com
- **ANNOUNCEMENT OF SCHOLARSHIP** selected by the Southwest Florida Seminole Club will be announced during the Seminole Send-Off Event on Thursday June 7th, 2018 at 6:30p.m. at The Edison. If recipient cannot attend they will be notified directly.
- Scholarship monies will be distributed **AFTER** the applicant officially confirms as a full time student.

APPLICATIONS MAY BE OBTAINED FROM:

Southwest Florida Seminole Club website: www.SWFLSeminoles.com

Online: - log on to www.alumni.fsu.edu

- Click “get connected” tab and choose “Seminole Clubs and Chapters”
- Click “find your local Seminole Club or Chapter”
- Click on the state of Florida and scroll down to “Southwest Florida Seminole Club”

ANY Lee County High School Guidance Office

Online: - log on to www.alumni.fsu.edu

- Click “get connected” tab and choose “Seminole Clubs”
- Click “current club list”
- Click “Florida” and “Southwest Florida Seminole Club”



THE ROBERT VOTAW SCHOLARSHIP FUND APPLICATION

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Mobile: _____

E-mail Address: _____

Name of High School: _____

Guidance Contact Name: _____

Graduation Date (MM/YY): _____ GPA _____ SAT/ACT _____

Financial Need: (please include your estimated family contribution toward school) _____

ARE YOU BEING RECRUITED AS A STUDENT ATHLETE BY FSU? ___no ___yes

FSU DEGREE SEEKING _____ Major _____

FAMILY INFORMATION

Father Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Mobile: _____

E-mail Address: _____

Mother Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Mobile: _____

E-mail Address: _____



EXTRA CURRICULAR ACTIVITIES

All applicants are encouraged to show active community involvement through past or ongoing participation in athletics, the arts, civic or religious community service, or other activities. Please list specific examples of community involvement. (Submit a separate document with additional information, if needed.)

1. Activity: _____

Dates of Involvement: _____

Description: _____

2. Activity: _____

Dates of Involvement: _____

Description: _____

3. Activity: _____

Dates of Involvement: _____

Description: _____

PERSONAL EXPERIENCE (MAY ATTACH RESUME)

Employer: _____

Title: _____ Dates of Employment: _____

Employer: _____

Title: _____ Dates of Employment: _____

Awards & Honors: _____

Awards & Honors: _____

Awards & Honors: _____



ESSAY

Please include a short essay, not to exceed one page, responding to the following:

The Latin words "**Vires, Artes, Mores**" have served as the guiding philosophy behind Florida State University for over a century. Vires signifies strength of all kinds, including moral, physical, and intellectual. Artes alludes to the beauty of intellectual pursuits as exemplified in skill, craft, or art. Mores refers to character, custom, or tradition. **In what ways do you embody these values?**

BY SIGNING BELOW, I GRANT FLORIDA STATE UNIVERSITY PERSONNEL ACCESS TO CONFIDENTIAL INFORMATION (SUCH AS GPA), AS NEEDED TO VERIFY INFORMATION ON THIS APPLICATION.

I ALSO CERTIFY, THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT, AND I UNDERSTAND THAT IN CASE THE SELECTION COMMITTEE FINDS THIS TO BE TO THE CONTRARY, I FORFEIT THE OPPORTUNITY TO RECEIVE THIS SCHOLARSHIP AND ANY FUTURE RIGHTS THAT I MIGHT HAVE FOR THIS SCHOLARSHIP, SHOULD I BE AWARDED A SCHOLARSHIP.

I AGREE TO NOTIFY FLORIDA STATE UNIVERSITY AND THE FSU ALUMNI ASSOCIATION OF ANY CHANGES IN MY STATUS THAT WOULD MAKE ME INELIGIBLE FOR THE SCHOLARSHIP.

SIGNATURE _____

DATE _____