

**THE WHITE FOUNDATION, INC.**

P.O Box 2587  
Ponte Vedra Beach, Florida 32004  
TheWhiteFoundation@hotmail.com

J. ROBERT ROGERS  
PRESIDENT

(904) 273-9909  
FAX NO. (904) 273-4403

**FOUNDATION SCHOLARSHIP APPLICATION INFORMATION**

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THE COMPLETED APPLICATION AND  
RECOMMENDATIONS **NO LATER THEN APRIL 12, 2024.**

1. ON A SEPARATE PIECE OF PAPER WRITE AN ESSAY EXPLAINING WHY YOU HAVE CHOSEN YOUR PARTICULAR FIELD OF STUDY, AND WHY YOU BELIEVE YOU SHOULD BE GRANTED A WHITE FOUNDATION SCHOLARSHIP.
2. A CERTIFIED COPY OF YOUR HIGH SCHOOL TRANSCRIPT.
3. A CERTIFIED COPY OF YOUR SAT with STEM and/or ACT SCORES.
4. TWO LETTERS OF RECOMMENDATION, WITH AT LEAST ONE BEING PROVIDED BY A TEACHER OR INSTRUCTOR AT THE HIGH SCHOOL YOU ATTEND.
5. IDENTIFY ANY OTHER SCHOLARSHIPS OR FINANCIAL AID YOU ANTICIPATE RECEIVING.

I hereby attest that the information provided in this application, and the accompanying attachments, is truthful and, to the best of my ability, I have met the requirements of the White Foundation, Inc. Scholarship as set forth. I give the White Foundation, Inc. permission to contact my course instructors, guidance counselors, school administrators, supervisors, employers, and authors of letters of recommendation, to discuss this application and the accompanying attachments.

I understand that the decision of the Selection Committee of the White Foundation, Inc. is final and cannot be appealed or changed and, the scholarship, if awarded, is not a guaranteed renewal.

Signature of Applicant \_\_\_\_\_

Approval of Parent or Guardian if Applicant is under Age 18

Name (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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FOUNDATION SCHOLARSHIP APPLICATION

(please print)

Name: \_\_\_\_\_

First

MI

Last

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

High School Name: \_\_\_\_\_ Graduation date: \_\_\_\_\_

College/University You Will Attend: \_\_\_\_\_

Circle the term and fill in year you will expect to start college and circle whether you will be a full-time or part-time student:

Summer    Fall    Year \_\_\_\_\_    Full-Time    Part-Time

Intended Program of Study: \_\_\_\_\_ Career Choice: \_\_\_\_\_

Full Name of Father/Guardian: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Full Name of Mother/Guardian: \_\_\_\_\_

Address (if different): \_\_\_\_\_

School/Sports/Family/Community Activities (use separate sheet of paper if necessary):

Awards/Honors (use separate sheet if necessary):

Employment:

THE WHITE FOUNDATION, INC. SCHOLARSHIP PROGRAM WAS ESTABLISHED TO ENCOURAGE AND ENABLE STUDENTS TO PURSUE A FOUR-YEAR DEGREE AT A POST-SECONDARY EDUCATIONAL INSTITUTION. A SCHOLARSHIP AWARD CAN ONLY BE USED FOR THE FOLLOWING: (1) TUITION AND FEES REQUIRED FOR THE ENROLLMENT OR ATTENDANCE OF THE STUDENT AT A QUALIFYING INSTITUTION; AND (2) FEES, BOOKS, SUPPLIES AND EQUIPMENT REQUIRED FOR COURSE OF INSTRUCTION. THE PROGRAM PROVIDES FOR AN INITIAL SCHOLARSHIP FOR ONE YEAR OF UNIVERSITY OR COLLEGE STUDY. AWARDS ARE NOT AUTOMATICALLY RENEWED. TO BE CONSIDERED FOR RENEWAL STUDENTS MUST SEND A CURRENT TRANSCRIPT BY DEC 30 TO BE CONSIDERED FOR SPRING TERM AND 30 JUNE FOR FALL TERM.