

Capital City Classic Foundation 2024 Scholarship Form

Capital City Classic Graduating Seniors Scholarship Program

(Entire form must be completed)

Name _____

Address _____ City/State _____ Zip Code _____

Home phone # _____ Cell phone # _____

Email address _____

Principal's Name _____

Name of High School _____

College/University/School you plan to attend _____

Overall GPA _____

*Recipient must be a **2024** graduating senior with a minimum Grade Point Average of 2.50 and recommended by a teacher, counselor, or principal of their school. Recipients must also have **proof of acceptance and enrolled** in an institution of Higher Learning (Community College, University or Vocational School) prior to receiving the scholarship.*

*Please attach **two (2) letters of recommendation** from a teacher, counselor or high school principal stating why you would be a good recipient for the Capital City Classic Graduating Seniors Scholarship Program.*

*Please provide a **headshot photo** and a **one page essay** on what makes you different from the other applicants and why you should be awarded a Capital City Classic Scholarship.*

Please Email, Fax or mail application to
Capital City Classic Foundation
Scholarship Program Selection Committee
400 North Adams Street
Tallahassee, FL 32301
850-222-9354
850-681-7871 (FAX)
CapitalCityClassic@yahoo.com

Due Date
May 10, 2024

