



SCHOLARSHIP SURVEY



Name: _____

Student No. _____

Plans for next year: (select one)

-College/University _____ (Name of School)

-Technical/Trade School _____ (Name of School)

-Military _____ (Branch)

-Full-Time Employment _____ -Other _____

Please complete the following for any scholarship that you will receive: If you only received ***BRIGHT FUTURES*** those ***SCHOLARSHIP AMOUNTS ARE AUTOMATICALLY REPORTED!***

Scholarship Category	Scholarship Name	Scholarship Amount for the first year	Renewable Yes or No If Yes, how many years	Total Value of Scholarship
Bright Futures	FAS/FMS/GS	NA	Y	NA
Other State of Florida Scholarships				
Institution/School Based Scholarship (list school)				
Community College Scholarships: School: _____				
Private College Scholarships: School: _____				
Athletic Scholarships School (list school)				
Local Scholarships Name/Amount				
Military Academic Scholarships:				
National Merit Scholarships:				
Other Scholarships:				

Use BACK of paper if necessary!