

Ronald D. Ciaravella Memorial Scholarship

Organization: Florida Foundation Limited, Inc.

APPLICATION FORM

Name _____ Date _____
Last First Middle

Address _____ City _____ Zip _____

Age _____ Home Phone _____ Mobile Phone _____

Name of Sarasota/Manatee High School _____

GPA _____ (4.0 system) Class Rank _____ Out of _____

Guidance Counselor's Phone _____ Name _____

What is your career goal? _____

Extra Curricular Activities _____

Do you currently have a job? _____ Will you have a job while attending college? _____

Father/Guardian Employed by _____

Mother/Guardian Employed by _____

Family's annual income _____ Single parent household? _____

Total number of people in your household dependent upon the above income _____

Number of brothers/sisters who will also be attending college this year _____

Have you been awarded any other scholarships? _____

College or Technical School **you will be attending** _____

College Student I.D. Number _____ Country of citizenship _____

Please attach: **1.** A one-page **non-AI generated** essay that includes your full name stating why you wish to attend college or technical school, and why you need financial assistance. **2.** A letter of recommendation from either a teacher or guidance counselor **written on school letterhead.**

Please **do not** include your transcript.

Signature of Applicant (**Must Sign by Hand**) _____

E-mail Address _____

Email this application and attachments in PDF FORMAT to: c.leilani@aol.com

MUST BE RECEIVED BY April 1, 2026