**Capital City Classic Foundation**

**2025 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* ***2025*** *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 9, 2025**