

**THE HUGUENOT SOCIETY OF FLORIDA  
ALLEN-PARKER SCHOLARSHIP FUND  
APPLICATION**

**\*\*\*Deadline March 30th Postmark\*\*\***

**Requirements: Applicant must be a Florida resident, attend a Florida College or University and must have a GPA of 3.0 or better. All applications or written requests for renewal shall be submitted to the State Scholarship Chairman by March 30th. The completed application shall include: three letters of recommendation; an endorsement from a Chapter of the State Society; a copy of a current transcript of grades and a brief resume.**

Date of Recommendation \_\_\_\_\_ by the \_\_\_\_\_ Chapter  
Signature of Chapter President \_\_\_\_\_  
Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Place \_\_\_\_\_  
Address \_\_\_\_\_  
SSN \_\_\_\_\_ Telephone \_\_\_\_\_  
High School \_\_\_\_\_ Where \_\_\_\_\_  
College \_\_\_\_\_ Where \_\_\_\_\_  
Entry Date \_\_\_\_\_ Course of Study \_\_\_\_\_  
Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Number of Dependent Children in Family \_\_\_\_\_  
Activities: (Please use back of page for additional information)

**Academic Goals:**

Huguenot Ancestry \_\_\_\_\_ Proven # \_\_\_\_\_

**We attest to the accuracy of the information in this application:**

\_\_\_\_\_  
Parent Signature & Date

\_\_\_\_\_  
Applicant Signature & Date

**PLEASE RETURN FORM TO:**

**MRS. BARTON T. DOUGLAS, STATE SCHOLARSHIP CHR.**

**612 NE 4th AVENUE, GAINSESVILLE, FL 32601-5504**

**TELEPHONE: (352) 374-4723**