

F.I.S.H. ACADEMIC SCHOLARSHIP APPLICATION

APPLICANT INFORMATION	
STUDENT NAME	
PHONE NUMBER	
EMAIL	
ADDRESS	
CITY, STATE, ZIP CODE	
TEST INFORMATION	
SAT SCORES	COMPOSITE
	CRITICAL READING
DATE TAKEN	MATH
	WRITING
ACT SCORES	COMPOSITE
	ENGLISH
DATE TAKEN	MATH
	WRITING
AGREEMENT	
1. All information provided is true and accurate.	
2. I have been a member of F.I.S.H. for the past two years, since September of my junior year.	
3. My test scores are attached.	
4. I understand that only complete and timely applications will be accepted. No exceptions.	
5. Attached is a paragraph written by the student applicant telling of my future plans.	
6. Mail completed application, test score, and paragraph to F.I.S.H. 11705 Boyette Rd, Riverview, 33570	
SIGNATURES	
STUDENT (PRINTED)	
STUDENT SIGNATURE	
PARENT PRINTED	
PARENT SIGNATURE	

