

Zephyrhills High School Grant Application



Applicant:	•
Address:	
Email:	,
Phone number:	•
Un-weighted GPA (Min. 3.5): School Representative verification:	
Where will you be attending college/University?	
The applicant is responsible for submitting all materials to April Simons by April Incomplete applications will not be evaluated. This application becomes complete only when all of the following materials have been received:	
This application completed	
School representative must verify applicant's Un-weighted GPA writter	ı above.
Two letters of recommendation are required. One from a teacher and o	ne from a peer
A copy of documented and confirmed 60 volunteer hours. Copy must be school representative.	be signed by a
Essay detailing your plans as they relate to your educational and career and long-term goals. Please include how and when any unusual family circumstances have affected your achievement in school, work experier participation in school and community activities.	or personal

If you have any questions, please contact April Simons at asimons@pasco.k12.fl.us.