

2012 SOPHIE LAVAL SCHOLARSHIP APPLICATION



FLORIDA CKI ALUMNI ASSOCIATION

Background: Sophie Laval was an extremely active member of the Flagler College Circle K Club who died while traveling to the 1988 Circle K International Convention. Her legacy is forever exemplified due to her involvement with Students Against Drunk Driving (SADD) and that she educated Circle K members of the dangers of driving drunk. The Florida District Alumni Association awards a \$1,000 scholarship in her memory to a deserving Circle K member who demonstrates both scholarship and contributes service to the community.

Eligibility: Applicants failing to meet these requirements will not be considered for this scholarship. In the event no one meets these standards, this scholarship will not be awarded.

1. The applicant must be a dues paid member of both Circle K International and the Florida District of Circle K.
2. The applicant must have a cumulative GPA of at least 3.0 on a 4.0 scale.
3. The applicant must have performed at least 150 hours of service in the past CKI year (the time period beginning on April 1, 2011 and ending on March 31, 2012.)

Application Instructions: The application packet must be postmarked no later than August 1, 2012; **no late submissions will be accepted.** The application packet should be in a sealed manila envelope, and contain the following:

1. The 2012 Sophie Laval Scholarship Application Form.
2. A copy of the applicant's transcripts (either official or unofficial), which includes the Applicant's name, classes, and overall GPA.
3. A detailed description of service hours in chronological order (as Appendix A) using the following format: date, description of project, and number of hours. **Make sure that the description of the project is detailed enough for the judges to determine if it is service.**
4. Essay: Please write a 250-word essay on and provide it typewritten, double spaced and 12 point Times New Roman font as Appendix B.
5. Recommendation Letter: Submit a letter of recommendation from the Home Club President, Faculty Advisor or Kiwanis Advisor as Appendix C.

Questions: (Answer only ONE of the following questions)

1. **What service project or initiative do you feel most passionate about and why?**
2. **Describe a person who inspired you through their community service and why they inspire you?**
3. **How is Circle K unique and different from other service opportunities available?**

Application packets missing requirements 1 – 5 will be disqualified. The applicant should not write their name on any submission except the Application Form. Be sure to include a summer phone number and e-mail address so we can contact you for the follow-up interview and any related questions.

Distribution of Funds: The scholarship will be paid to the University provided proof of full time enrollment and Circle K membership is provided for both the fall and spring semesters. No funding will be provided for summer enrollment.

The winner will be announced no later than October 1, 2012.

If the applicant wishes to have their submission back, please supply the Alumni Association with a self address stamped envelope. A copy of the winning submission will be kept by the Alumni Association for future reference.

Completed applications should be sent to John Sullivan at dnite10@bellsouth.net or mailed to 2302 Chadwick Ct., Boynton Beach, FL 33436.

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FLORIDA CKI ALUMNI ASSOCIATION

NAME: _____

ADDRESS: _____

PHONE: _____ CIRCLE K CLUB: _____

EMAIL ADDRESS: _____

SCHOOL ID NUMBER: _____

SCHOOL FINANCIAL AID ADDRESS AND PHONE NUMBER: _____

GPA: _____ NUMBER OF SERVICE HOURS: _____

YEAR OF STUDY: Freshman Sophomore Junior Senior Graduate

CLUB/DISTRICT POSITION HELD: _____

I affirm that all the information that I have supplied in this application is true and accurate. I understand that failure to be enrolled as a full time student for the 2012 – 2013 school year (Fall and Spring semesters) and be a member in good standing with Circle K International and the Florida District of Circle K for the same time period will result in forfeiture of the scholarship.

Applicant's Name (print): _____

Applicant's Signature: _____ DATE: _____

SIGNATURES: I affirm to the best of my ability that the information provided by this applicant is true and accurate.

Club Officer (other than applicant): _____ DATE: _____

Advisor (Faculty or Kiwanis): _____ DATE: _____

DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY.

Applicant #
Total #

DO NOT WRITE YOUR NAME ON ANY SUBMISSION EXCEPT THIS FORM