



VOLUSIA SURF LIFESAVING ASSOCIATION SCHOLARSHIP APPLICATION FORM

Please fill out all fields completely, and submit finished application to Ofc. Kathy Shulzinsky at Beach HQ, no later than June , 2011. Call 386-566-3826 if needed.

NAME: _____

PH. # _____ EMAIL _____

DOB _____ ADDRESS _____

HIGH SCHOOL ATTENDED: _____

HIGHEST EDUCATION LEVEL COMPLETED: HIGH SCHOOL SOME COLLEGE B.S./B.A.

HOW LONG HAVE YOU BEEN AN OCEAN RESCUE LIFEGUARD? _____

SPECIAL INTERESTS OR HOBBIES: _____

HIGH SCHOOL G.P.A.: _____ ARE YOU A V.S.L.A. MEMBER? YES NO

PLEASE LIST THE PROGRAMS TO WHICH YOU HAVE APPLIED: _____

IN A SHORT ESSAY (1-2 PAGES), PLEASE TELL US WHY YOU THINK YOU ARE THE MOST QUALIFIED CANDIDATE TO RECEIVE THE ANNUAL V.S.L.A. SCHOLARSHIP. ATTACH MORE PAGES IF NECESSARY: _____
