



Altamonte Springs  
**SCIENCE  
INCUBATOR**

# 2020 Scholarship Application Form

## Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_ G.P.A.: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Anticipated High School Graduation Date: \_\_\_\_\_

Have you participated in the AS<sub>2</sub>I program?  Yes  No

If you checked yes, list the year you attended and name of participating school: \_\_\_\_\_

Have you participated in the AS<sub>2</sub>I Internship program?  Yes  No If yes, which year? \_\_\_\_\_

Which career field(s) are you interested in exploring after high school?

Have you been accepted to an accredited public or private Florida college or university?  Yes  No

If so, which ones?

Which semester will you enroll?  Summer 2020  Fall 2020  Spring 2021

Are you planning on enrolling as a full-time or part-time student?  Full Time  Part Time

Please list and describe your volunteer experiences or extracurricular activities:

By submitting this application, I agree that all information is accurate and up to date.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be received or postmarked by **June 26, 2020**. Email complete application packet to [AltamonteIncubator@altamonte.org](mailto:AltamonteIncubator@altamonte.org) or mail to:

Altamonte Springs Science Incubator  
c/o Diana Lopez  
225 Newburyport Avenue  
Altamonte Springs, FL 32701

**If you have any questions, please call Diana Lopez at (407) 571-8183.**