



THE J. HUGH & EARLE W.
FELLOWS FOUNDATION

2024-2025 Scholarship Application

GENERAL INSTRUCTIONS

Applicants for scholarship funds from the Fellows Foundation are expected to complete and submit the application **in full** (including submission of required documents) on or before May 1. Prompt consideration will be given to each application beginning May 1 and final action will be taken no later than July 15 of each calendar year.

Before completing this online application, please review the requested information and collect all the necessary information you will need in order to complete the application. The acceptance letter and recommendation letters may be submitted separately and at a later date but on or before May 1.

DOCUMENTATION REQUIRED

In addition to completing this scholarship application, the following documents will be necessary to process your application for a scholarship.

1. **Acceptance Letter:** A copy of the acceptance letter from the college or program which you will attend for the purposes of this scholarship.
2. **Transcript:** Official copy of the college transcript from college currently attending OR from the college most recently attended.
3. **Recommendation Letters:** Two (2) confidential letters on official business letterhead addressed to the Board of Trustees of the J. Hugh & Earl W. Fellows Foundation and signed by your academic counselor, a faculty advisor, coach, administrator, employer, or minister to include information about your academics, achievements, potentialities, personality characteristics, and current enrollment status.
4. **Cost of Attendance:** Copy of the Cost of Attendance (COA) provided by the college and/or program of study.
5. **Statement of Need:** A statement not exceeding 500 words outlining your reason(s) for choosing medical program as a vocation and explaining your financial need.

Submit required documents through the online application portal at FellowsFund.org/apply.

Documents unable to be submitted online should be mailed to:

Virginia Santoni, Executive Director
Fellows Foundation
1000 College Blvd.
Pensacola, FL 32504

Questions concerning any detail of the application should be directed to Virginia Santoni, Executive Director, vsantoni@fellowsfund.org, (850) 471-4546.

PERSONAL INFORMATION

Student Name _____
First Last

Birthday _____
Month / Day / Year

Cell Phone _____ Other Phone _____
Area Code / Phone Number Area Code / Phone Number

Email Address _____

Mailing Address while in school _____
Street Address

Street Address Line 2

City State Zip Code

Permanent Home Address _____
Street Address

Street Address Line 2

City State Zip Code

Total Years of Residence in:

- Escambia County, dates of residence _____
- Santa Rosa County, dates of residence _____
- Okaloosa County, dates of residence _____
- Walton County, dates of residence _____

Marital Status: Single Married/Partner Widow/Widower

Children or other Dependents of Applicant (including child support obligations)

PARENT OR LEGAL GUARDIAN INFORMATION

PARENT/GUARDIAN 1

Name

First

Last

Mailing Address

Street Address

Street Address Line 2

Cell Phone

City

State

Zip Code

Email Address

Area Code / Phone Number

PARENT/GUARDIAN 2

Name

First

Last

Mailing Address

Street Address

Street Address Line 2

Cell Phone

City

State

Zip Code

Email Address

Area Code / Phone Number

SPOUSE/PARTNER INFORMATION

Name

First

Last

Mailing Address

Street Address

Street Address Line 2

Cell Phone

City

State

Zip Code

Email Address

Area Code / Phone Number

EDUCATIONAL AND VOCATIONAL PLANS

Indicate, in a short concise statement (500 words or less), your plans and objectives including what you plan vocationally and where and when you plan to accomplish the education necessary to attain that objective. Feel free to include any personal experiences, autobiographical information or history that may have contributed to your educational/vocational plans.

PROPOSED BUDGET

List the total estimated costs and resources for the 1-year scholarship period of your request for a scholarship from the J. Hugh and Earle W. Fellows Foundation. Use the "Cost of Attendance" provided by the school/program for the Cost of Attendance table below (this information can be found, for most schools below the tables by contacting your school/program). Also, upload a copy of the "Cost of Attendance" in the space provided.

INCOME/RESOURCES		COST OF ATTENDANCE	
	Amount		Amount
Parent or Spouse Contribution	_____	Tuition/Fees	_____
Veteran Benefits	_____	Books and Supplies	_____
Full-time employment	_____	Room and Board	_____
Part-time employment	_____	Transportation	_____
Summer employment	_____	Personal/Miscellaneous	_____
Spouse employment	_____	Total	_____
Federal Grants(s)	_____		
Federal Loans(s)	_____		
University Scholarships	_____		
Other Scholarships	_____		
Savings	_____		
Other Income	_____		
Total	_____		

I hereby certify that I meet all the minimum eligibility requirements and have submitted the required transcripts and documentation. The information provided in this application is complete and accurate to the best of my knowledge. By signing (typing my legal name) in the space below, I certify that I am the person completing this application.

I understand that if selected for a scholarship I may be required to provide documentation supporting the veracity of the information provided herein.

E-signature