



THE J. HUGH & EARLE W.
FELLOWS FOUNDATION

2026–2027 Scholarship Application

GENERAL INSTRUCTIONS

Applicants for scholarships 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 1.

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 no later than 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 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 of recommendation must be 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** (*See pg. 4 of application*): 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 or emailed no later than May 1 to:

Virginia Santoni, Executive Director
Fellows Foundation
1000 College Blvd.
Pensacola, FL 32504
vsantoni@fellowsfund.org

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

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PERSONAL INFORMATION

Applicant

Date _____

Last Name _____ First Name _____ Middle Name _____

E-mail Address _____ School Student I.D. _____

Mailing Address (while in school) *This address will be used for ALL correspondence related to this scholarship.*

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Cell Phone (_____) _____
Area Code Area Code

Permanent Home Address

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____
Area Code

Date of Birth

_____ / _____ / _____
Month Date Year

Years of Residence in:

<input type="checkbox"/> _____	Escambia County	Escambia County Dates of Residence _____
<input type="checkbox"/> _____	Santa Rosa County	Santa Rosa County Dates of Residence _____
<input type="checkbox"/> _____	Okaloosa County	Okaloosa County Dates of Residence _____
<input type="checkbox"/> _____	Walton County	Walton County Dates of Residence _____

Marital Status Single _____ Married _____ Divorced _____ Other (explain) _____

Children or Dependents of Applicant and Spouse (List all dependents, including all with child support obligations.)

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PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian 1:

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Cell Phone (_____) _____
Area Code Area Code

E-mail Address _____

Parent/Guardian 2:

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Cell Phone (_____) _____
Area Code Area Code

E-mail Address _____

SPOUSE/PARTNER INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Cell Phone (_____) _____
Area Code Area Code

E-mail Address _____

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ENROLLMENT INFORMATION

List the full name of college you will be attending for the purposes of the scholarship.

Name of College _____

Address _____

City _____ State _____ Zip _____

Type of Educational Program/Major

Length of Program

Number of Years Completed

_____ years, with _____ semesters each year _____

Anticipated Graduation Date

Month _____ Year _____

EDUCATIONAL HISTORY

List all schools, colleges, and educational institutions you have attended since graduation from high school.

School/College (Include City, State)	Dates Attended	Reason for Leaving	Major or Field of Study (if applicable)	GPA

EMPLOYMENT INFORMATION

Employer	Dates of Employment	Type of Work	Salary

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EDUCATIONAL/VOCATIONAL PLANS and STATEMENT OF NEED

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. Also, explain your financial need for the scholarship.

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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, by contacting your school/program or the Financial Aid Office).

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 Grant(s)	
Federal Loan(s)	
University Scholarships	
Other Scholarships	
Savings	
Other Income	
Total	

COMMENTS

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

Date