



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](mailto:vsantoni@fellowsfund.org), (850) 471-4546.

FELLOWS FOUNDATION  
2026-2027 SCHOLARSHIP APPLICATION

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:**

☐ \_\_\_\_\_ Escambia County Escambia County Dates of Residence \_\_\_\_\_

☐ \_\_\_\_\_ Santa Rosa County Santa Rosa County Dates of Residence \_\_\_\_\_

☐ \_\_\_\_\_ Okaloosa County Okaloosa County Dates of Residence \_\_\_\_\_

☐ \_\_\_\_\_ 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 \_\_\_\_\_

**FELLOWS FOUNDATION  
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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**

\_\_\_\_\_ years, with \_\_\_\_\_ semesters each year

**Number of Years Completed**

\_\_\_\_\_

**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.

**FELLOWS FOUNDATION  
2026-2027 SCHOLARSHIP APPLICATION  
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	_____	<b>Total</b>	_____
Federal Grant(s)	_____		
Federal Loan(s)	_____		
University Scholarships	_____		
Other Scholarships	_____		
Savings	_____		
Other Income	_____		
<b>Total</b>	_____		

**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