

# EDMOND AMATEIS FOUNDATION

Sun Trust Bank  
Foundations and Endowments Specialty Practice  
Attn: Melanie A. Cianciotto  
PO Box 620005  
M/C: FL-Orlando-2160  
Orlando, Florida 32862

## SCHOLARSHIP APPLICATION FORM

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### ELIGIBILITY CRITERION:

- ◆ Must apply for financial aid at desired college of enrollment
  - ◆ Must have financial need
  - ◆ Must be a college Sophomore or above
  - ◆ Must have a college Grade Point Average (GPA) of 2.5 or higher for initial and renewal awards
  - ◆ Completion of 12 (twelve) credit hours required for renewal
  - ◆ Must be either a graduate of a high school in Lake County, Florida, or currently attending, or a graduate of Lake-Sumter Community College, Leesburg, Florida
  - ◆ Must be a full-time student
  - ◆ Employees, Officers and Board of Directors of SunTrust Bank and their families are not eligible for this scholarship
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1. Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)
2. Current Residential Address: \_\_\_\_\_  
\_\_\_\_\_
3. Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_
4. Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_
6. Number of Dependents: \_\_\_\_\_ Age of Dependents: \_\_\_\_\_
7. High School Diploma Received From:  
\_\_\_\_\_  
(School) (Location)
8. College Currently Attending:  
\_\_\_\_\_  
(School) (Location)
9. Current College Status: Freshman \_\_\_\_\_ Junior \_\_\_\_\_  
Sophomore \_\_\_\_\_ Senior \_\_\_\_\_
10. Current College GPA: \_\_\_\_\_

11. Anticipated Graduation Date from above College: \_\_\_\_\_

Major and Type of Degree Expected Upon Graduation:

\_\_\_\_\_

12. Please attach a letter to this application in which you explain your needs, plans for the future and a statement of why you feel you should receive this scholarship.

13. Scholarships previously awarded to you for the academic year for which you are making this application:

_____	\$ _____
(Name)	(Amount)
_____	\$ _____
(Name)	(Amount)
_____	\$ _____
(Name)	(Amount)

14. Are you, or is any member of your family an employee, an officer or a member of the Board of Directors of SunTrust Bank? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Have you, or any member of you family, previously applied for the Amateis Foundation Scholarship Award? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the date(s) and the amount(s): \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**FOR USE ONLY BY FINANCIAL AID OFFICE:**

The above student has met \_\_\_\_\_ has not met \_\_\_\_\_ the criteria as listed above in the established guidelines.

Institution: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Telephone: ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date