



Karen Celina Sonnier Academic Scholarship

2023
2024

You must either type or print all your answers neatly in ink. Application response may be sent via email to info@rayanncare.com.
Scholarship application, transcripts, and letters of recommendations must be emailed to the address above.

1. Name _____, _____ M.I.
Last First

Permanent mailing address

_____ Number and Street Name

_____ City

_____ State

_____ Zip

_____ Email

Phone _____

Birth date. _____

_____ Month

_____ Day

_____ Year

2. What year did/will you receive a high school diploma or GED? _____

High School
or GED _____

_____ High School Name or GED County

_____ City

_____ State

3. High school students only

_____ High School GPA

4. College GPA through August 2023: Undergraduate GPA _____ Graduate GPA _____

College or
Univ. attended

_____ Name of College or University

_____ Dates Attended

_____ Hours Earned

_____ Transcript.

_____ Sent

5. Applicant must register at a college, university, or school located in Florida.

School choice

For 2023

_____ School Name

_____ City

_____ State

_____ Zip

Major Field

of Study _____

_____ Next Degree

_____ Next expected college

6. Are you currently working, playing a sport, or volunteering for 20 hours or more per week? Yes/No [Y/N] _____

7. Do you plan on working, playing a sport, or volunteering for 20 hours or more per week during the 2023 school year? Yes/No [Y/N] _____

8. Letters of Recommendation: Please provide two (2) letters from a school official and one (1) letter from a personal member (preferably family member, friend, or colleague).

CERTIFICATION ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. **If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break for the committee to determine future eligibility.** I further agree if chosen to submit a written paragraph to be published on the value of the scholarship award in my academic pursuits.

Signature _____ Date _____