



Nolan Carroll Foundation

1880 East West Pkwy #8852
Fleming Island, FL 32006

2025 YOUTH SCHOLARSHIP APPLICATION

(Please follow the instructions accompanying this application)

PERSONAL INFORMATION

☐ Mr. ☐ Ms.

Applicant's Name

Home Mailing Address

FLORIDA

City State Zip Code Cell or Home Telephone Number

Parent/Guardian Name

Parent/Guardian Daytime Telephone Number

Applicant's Email:

SCHOOL INFORMATION *(Attach an extra sheet if necessary)*

☐ Public School
☐ Private/Home School

High School Name

School Year Activities *(Organizations, athletics, etc.)*

Scholastic Achievements *(Honor Societies, Scholastic Awards, etc.)*

THIS SECTION MUST BE COMPLETED AND SIGNED BY YOUR SCHOOL'S GUIDANCE COUNSELOR

GRADE POINT AVERAGES

Unweighted (4.0 Scale) _____

Weighted (5.0 Scale) _____

TEST SCORES

*ACT (super-score) best composite: _____

*SAT (super-score) best:

RW _____ + MATH _____ = Total _____

Guidance Counselor's Signature _____ Telephone No. _____

COMMUNITY SERVICE / EMPLOYMENT - *Attach an extra sheet if necessary*

Community Service Participation

Employer *(Enter "None" if not employed)*

Duties

Hours per week

TYPED ESSAY- *(See Attached Instructions)* Attach separate sheet and limit answer to 1,500 words

Question: How will this \$1,000.00 Scholarship benefit you?

ONE LETTER OF RECOMMENDATION – Must accompany application- do not mail separately

Student's Signature: *(Required)*
