



Duke's Legacy Scholarship Fund

Keeping Duke's Spirit Alive Through Education

Thank you for your interest in applying for our Academic Scholarship Program. Please complete the form below. All information will be kept confidential and used solely for scholarship selection purposes. Incomplete applications will not be considered. If your application is accepted, a personal interview with the scholarship committee will be held prior to final selection.

Applicants must be legal citizens of the United States and seeking financial assistance to further their education. Scholarship amounts may vary depending on available funding and are at the sole discretion of the Scholarship Committee.

Application for Academic Scholarship Program

Personal Information

- Full Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender: _____
- Permanent Address: _____
- City: _____ State/Province: _____
- Postal Code: _____
- Phone Number: _____
- Email Address: _____

Academic Information

- Current or Most Recent School/College/University: _____
- Current Grade or Year Level: _____
- Expected Graduation Date (MM/YYYY): _____
- Current GPA/Percentage: _____ (Attach transcript)
- Intended Field of Study: _____
- Trade School/University/College Applied To (if applicable): _____
- Have you been accepted? Yes / No / Awaiting Decision

Family and Financial Information

- Parent/Guardian Name(s): _____
- Occupation(s): _____
- Are you currently receiving any other scholarships or financial aid? Yes / No
- If yes, please specify: _____
- Approximate cost for education program \$ _____

Extracurricular Activities and Achievements

- List any extracurricular activities, sports, volunteer work, or community service:
 - _____
 - _____
 - _____
 - _____
- List any awards, honors, or achievements you have received:
 - _____
 - _____
 - _____
 - _____

Personal Statement

In a separate document using 500–700 words, please describe:

- Your academic and career goals
- Why you are applying for this scholarship
- How this scholarship will help you achieve your goals
- Any challenges you have overcome in your academic journey

References

- Reference 1:
 - Name: _____
 - Relationship to Applicant: _____
 - Phone/Email: _____
- Reference 2:
 - Name: _____
 - Relationship to Applicant: _____
 - Phone/Email: _____

Supporting Documents Checklist

- Completed Application Form
- Most Recent Academic Transcript

- Letter of Acceptance from Trade School/University/College (if applicable)
- Personal Statement
- Letters of Recommendation from References
- Any Additional Supporting Documents (certificates, awards, etc.)

Declaration

I hereby declare that all the information provided in this application is accurate and true to the best of my knowledge. I understand that any misrepresentation or omission of facts may result in disqualification from the scholarship program.

Applicant's Signature: _____

Date: _____

Submission Instructions

- Please submit the completed application form and all required supporting documents by mail to the address provided below, personally deliver to a Sarasota Defenders Member, or email to Bullydog1145@gmail.com.
- Incomplete applications or those missing required documents will not be considered.

Contact Information

- Phone: (941) 809-1082 – Bob Gow, President
- Mailing Address: Defenders LEMC Sarasota
Attn. Jim Klay
1188 N. Tamiami Trail, Suite 205G
Sarasota, FL 34236

Thank you for applying and best wishes on your academic journey!