



## South Dakota FBLA Scholarship

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

High School: \_\_\_\_\_ GPA: \_\_\_\_\_ (4.0 scale)

I have been a member of FBLA for \_\_\_\_\_ years.

College Attending in the Fall 2022: \_\_\_\_\_

Local Newspaper: \_\_\_\_\_

Local Newspaper Email/Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

As the local FBLA chapter advisor, I certify that I have reviewed the application, resume, and essay and verify their accuracy.

\_\_\_\_\_  
Signature of Chapter Advisor

\_\_\_\_\_  
Date

MUST HAVE CHAPTER ADVISOR'S ENDORSEMENT TO BE ACCEPTED