

Marine Industries Association of the Treasure Coast, Inc.

Robert J. Skidmore, Sr. Scholarship Application

2025-26

Please print this form and complete. Submit requisite copies of requested information specified in the checklist which includes this application, recommendation letters, short essay, financial forms and short statement of financial need.

Please do not submit transcripts with the applications unless they are specifically requested.

APPLICANT INFORMATION:

Last Name:

All forms must be signed where requested by student, parent(s) and school counselor or your application will not be eligible for consideration.

First Name:

Middle Name:							
Mailing Address: Street			City:				
State:			Zip:				
Home Phone:			Mobile Phone:				
Email address:			DoB:				
			•				
HIGH SCHOOL	<u> </u>						
SAT Math:			Total:	ACT Composite:			
Weighted GPA:			Unweighted GPA:				
School Counselor Name:			Counselor Email:				
FUTURE PLANS	:						
College(s) you pla	n to attend:						
Major(s):							
Have you been accepted?: Yes No			Florida Prepaid College? Yes No				
Florida Bright Futures?: Yes No			Other Scholarships? Yes No				



PARENT / GUARDIAN INFORMATION							
Parents' Marital Status							
FATHER / GUARDIAN	MOTHER / GUARDIAN						
Name:	Name:						
Address Street:		Address Street:					
City:		City:					
State:	_		State: Zip:				
Total Income:	•	Total Income:					
Number & Ages of children in household, including those in college (excluding applicant)							
ACTIVITIES	A // 1 11						
School Extra-Curricular							
leadership positions & Academic Awards, Spe							
Honors							
Community Awards / S	Total Hours						
Activities		Hours per Act	Hours per Activity				
WORK EXPERIENCE (most recent first please)							
Place		Days / week	Hrs / wee	ek	Length of Employment		
If you were/are unable to	work, please explain:						



HOBBIES	& INTERES	TS			
Disalasur		ludo vuo oti ou			
Disclosur	e of Limited	Information			
My parent((s)/guardian(s) and I unders	tand and agree that it	f I receive a scholarsh	ip through the Marine
	. , – .	•	_		rship, the Marine Industr
-					•
				disclose my name, ph	oto, school and the
scholarshi	ip that I recei	ved for media p	ourposes.		
Vasi	NI.				
Yes:	No:				
The Marine	- Industry Δs	sociation of the	a Treasure Coast Inc	. may also disclose m	y home address for
	-			-	
•				ision about disclosur	e of my home address
will not aff	ect my eligib	ility for any sch	iolarships.		
Vace	No.				
Yes:	No:				

FAILURE TO COMPLY WITH ALL REQUIREMENTS WILL RESULT IN DISQUALIFICATION



CERTIFICATION: BOTH THE INFORMATION ON THIS FORM AND THE SUPPLEMENTAL INFORMATION PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNAT	URES					
	MOTHER / GUARDIAN		FATHER / GUARDIAN			
	 DATE					
	DAIL			AIL		
	APPLICANT		COUNSELOR			
	DATE		D	ATE		
APPLIC	ATION CHECKLIST					
	Parents/Guardians W-2, 1099, or SSI Disability;	•	ired for sel	f-employed. Send the		
	correct form from the last fiscal year before the application is due.					
	An explanation is required if you have no documentation. Two (2) signed recommendation letters from sources such as: school counselors, ministers, employers,					
teachers, or administrators (no family members).						
Short essay (500 words max.) describing interest in the marine industry or marine related field and						
career goals. Your submission may be checked against AI generated text.						
S	Short statement of your specific need for financ	al assistance.				
F	Resume if available					
Г	Do not submit applications in binders or covers.					
Submit a	pplications to :					
	MIATC SKIDMORE SCHOLARSHI	PFUND				
MAIL	PO BOX 1639		EMAIL	exec@miatc.org		
	STUART, FL 34995					