



Reef Medics Scholarship/In Kind Benefit Application

Scholarship/Benefit you are applying for: _____

Applicant's Name: _____

Age: _____ Applicant's date of birth MM/DD/YYYY: _____

Applicant's street address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Mobile Phone: _____

Current School or school last attended: _____

Current or last school's full address: _____

Current Grade (if still in school): _____

Have you applied for a RM scholarship or in kind benefit previously? Y or N If yes, which one & year you applied? _____

Have you been awarded a RM scholarship or in kind benefit previously? Y or N If yes, which one & year it was awarded? _____

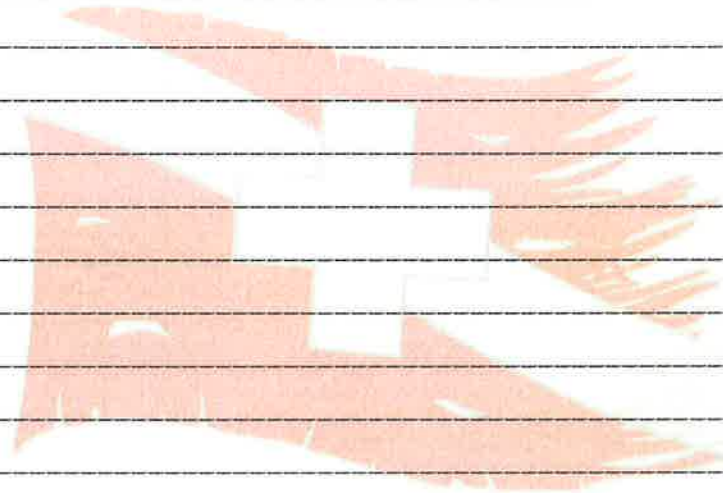
How did you hear about the RM in kind benefits? _____

Do you know how to swim? Y or N

Are you a certified scuba diver? Y or N If yes, please provide your Certification Level & Certifying Agency: _____

Extracurricular, Community Service, Awards and Work Experience

Be sure to include marine specific activities you have been involved in and indicate leadership roles you may have had in addition to extracurricular activities, community service/volunteer activities, awards, honors, academic achievements, work experience and research or internship experience



RELEASE / DISCLAIMER

I understand that two (2) letters of recommendation must be submitted to Reef Medics via USPS mail, to the address listed below, or emailed to scholarships@reefmedics.org by December 15, 2016.

I understand that I may only apply for one scholarship and one in kind benefit each calendar year.

Recipients will be notified by the end of January 2017.

If I am a recipient of a Reef Medics scholarship or in kind benefit, I grant Reef Medics, Inc., its representatives and employees, the right to take and/or use photographs of me and publish my name and school affiliation in connection with Reef Medics scholarship or in kind benefit programs. I authorize Reef Medics, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Reef Medics, Inc. may use such photographs of me (with or without my name) and my name and school affiliation for any lawful purpose involving its scholarship or in kind benefit programs, including for example such purposes as publicity, illustration, advertising and web content.

All scholarship and/or grant money will be paid directly to the school or facility providing the education for the benefit of the person whom it has been awarded to.

An award ceremony will be held in March of 2017, date, time and location are yet to be determined. All recipients of scholarships and in kind benefits are asked to attend the event. If recipients are unable to attend the ceremony, arrangements will be made for recipients to receive their scholarship certificate and/or in kind benefit at a different time, to be determined by Reef Medics, Inc.

I understand the above statement:

Yes

Applicant's Name: _____

Applicant's Signature: _____

Date Signed: ____/____/____

Parent/Guardian Name (if applicant is under 18): _____

Parent/Guardian Signature: _____

Date Signed: ____/____/____

Reef Medics, Inc.
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