

# Cole Adam Borges Memorial Scholarship Application

The main purpose of this scholarship is to continue Cole's dreams of completing a certification course either at a trade school or college. (i.e. Chipola- Welding, Automotive, Cosmetology, Nursing etc.) (i.e. Florida Panhandle Technical College- Applied Cybersecurity, Patient Care Technician, Correctional Officer etc.)

In addition to completing this form, applicant **MUST** be ready to explain in writing or interview, how they have advocated for Suicide Prevention.

**\*\*APPLICATIONS MUST BE SUBMITTED BY MAY 1<sup>ST</sup> 2025. PLEASE CONFIRM RECEIPT OF APPLICATION. \*\***

**If you or someone you know is in crisis, the 988 Suicide and Crisis Lifeline provides 24/7 connection to free, confidential support anywhere in the US.**

**\*Indicates REQUIRED questions**

1. Applicant Email\* \_\_\_\_\_

2. Applicant Legal full name\* \_\_\_\_\_

3. Applicant Citizenship\*

US Citizen       Non- US Citizen

4. Applicant DOB written as day/month/year (00/00/0000) \* \_\_\_\_\_

5. Applicant Mailing Address\* \_\_\_\_\_

6. Applicant Phone Number\* \_\_\_\_\_

Best way to contact     Call                       Text

Best time                       AM (before 11 AM)       PM (after 12 noon)       PM (after 5)

7. Name of School currently attending. **Must** be located in Jackson, Calhoun, Washington, Holmes County. (Will be verified) \* \_\_\_\_\_

8. Why did you choose to apply for this scholarship in particular? \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. College/University/Trade School Applicant will attend. \* \_\_\_\_\_

10. Intended Major or Certification program. \* \_\_\_\_\_

11. Why did you choose this major/trade? \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What School Activities are you in? (if none write N/A) \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What Community Activities have you participated in? (if none write N/A) \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Significant Honors, Awards, and Accomplishments that you have received. (if none write N/A) \* \_\_\_\_\_

15. Leadership Positions or Offices Held. (if none write N/A) \* \_\_\_\_\_

16. Tell us more about yourself. (i.e. hobbies, outside interests, activities, and volunteer experience) \* \_\_\_\_\_

17. List any Prior or Current experience in relation to Suicide prevention. (if none write N/A) \* \_\_\_\_\_

18. Current Employment and how many hours per week do you work? (if none write N/A) \* \_\_\_\_\_

Please check off:

- APPLICANT UNDERSTANDS, THEY MUST BE PREPARED TO EXPLAIN IN WRITING AND/OR INTERVIEW HOW THEY HAVE ADVOCATED FOR SUICIDE/MENTAL HEALTH PREVENTION. \*
- Provide a current transcript with this Application. \*
- Provide ACT/SAT and college entrance exam scores (if applicable). \*
- This may be emailed, mailed, or delivered in person. \*

Email: [coleborgesmoonandstars@gmail.com](mailto:coleborgesmoonandstars@gmail.com)

Mailing Address: 5251 Woodgate Way Marianna FL 32446

Phone Number: 850-573-1990 Stacy Borges

- FAILURE TO PROVIDE **EXACT** AND **ACCURATE** INFORMATION WILL RESULT IN IMMEDIATE **INELIGIBILITY**. \*

I agree to all action item

I do not agree to all action items

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

**Parent/Guardian (if under 18)** \* \_\_\_\_\_

Thank you for taking a moment to apply for this scholarship.

*#checkonyourfriends*

*#yourlifeisworthlivingfor*

*#breakingthesilence*

PLEASE USE THIS PAGE IF MORE ROOM IS NEEDED FOR ANY ANSWERS ABOVE. PLEASE WRITE THE NUMBER OF WHICH QUESTION CONTINUING.