



2017 Scholarship Application

for

(Applicant's Name)

Application Deadline is May 31, 2017

Mail the complete application to:

**Mr. Stephen J. Lee
Chairman, Scholarship Committee
Florida Suncoast Chapter
6051 78th Avenue
Pinellas Park, Florida 33781**

IMPORTANT NOTICE TO APPLICANT: Please be sure to thoroughly read the “Instructions to Applicant” and the “Criteria of Qualification of Student Applicants” portions of this application.

INSTRUCTIONS TO THE APPLICANT

1. This application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested. Read the contents carefully and understand each question and all information requested.
2. Before filling in the application, draft your answers on an extra application form as your file copy and work sheet. Consideration will not be given to carelessly prepared or incomplete applications.
3. Every question and statement must be answered and submitted. Do not answer any question with a check mark. If answer is "none" or "not applicable", it should be so stated. If spaces are inadequate for some answers, use a separate sheet.
4. Answers must be legible.
5. Include a complete financial statement of your income sources as provided with this application. Also indicate, by title and amount, any other financial assistance that you will be receiving.
6. **Mail this application directly to the Florida Suncoast Chapter, in care of the address shown on the cover, to be received no later than the deadline, with the following information:**
 - a. **Three (3) signed, original, enclosed scholarship reference forms, two of which must be completed by teachers or faculty members, and one by a personal or professional reference who is not a faculty member. (All three (3) reference forms MUST be sent with your scholarship application.)**
 - b. **An up-to-date copy of your high school or college transcript.**
 - c. **ACT or SAT scores if you will be entering college as a freshman.**
7. **Incomplete applications, even if they are received by the deadline will not be considered.**

CRITERIA OF QUALIFICATION OF STUDENT APPLICANTS

The Scholarship Committee may establish reasonable and operable procedures and qualifications for determining the selection of the student or students considered as recipients of grants from the Scholarship fund, provided they are not in conflict with criteria or guidelines herein stated, and as follows:

1. The student applicant shall be an immediate family member of a member in good standing, or a member in good standing with the Florida Suncoast Chapter. (A member in good standing is one whose annual dues are paid up for the current year.) **If the above conditions are not met then the student is not eligible for the scholarship.**
2. The student applicant shall agree that the use of grant funds shall be predicated on his or her enrollment or continuance of education in a recognized and/or accredited school such as college, university, trade school or as may be acceptable to the Scholarship Committee. The approved fund should be used for such purposes as tuition fees, books and student school supplies, rather than for room, board, clothes and living expenses, unless otherwise determined by the committee.
3. The applicant shall show need for financial assistance.
4. The applicant should possess qualities of good character and integrity.
5. A record of evidence of satisfactory scholastic or school grades, ability, ambition, and desire for continuance of education shall be submitted.
6. The maximum number of years that funds may be granted a student is four (4) years. All students desiring this funding must make application each year using this form.

I solemnly affirm the correctness of the information supplied in this application, and that I have thoroughly read and understand the "Instructions to Applicant" and the "Criteria of Qualification" as transmitted herewith. If the grant is approved, I agree and promise to use it for no other purpose than as set forth in the "Criteria of Qualification".

Applicant's Signature _____ **Date** _____

Applicant's Personal Information

Applicant's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (Voluntary): _____

Social Security Number (last four digits only): _____

Are you married? Yes No Number of Children (If applicable): _____

If married, please provide Spouse's Name: _____

Are you employed? Yes No If yes, complete the following information.

Applicant's Present Occupation: _____

Employer: _____

Employer's Address: _____

Name of Father (or male guardian): _____

Home Address: _____

(Number, Street, City, State)

Is he employed by a municipality, county, or state? Yes No If yes, where? _____

If not, where? _____ Job Title: _____

For how long? _____

Is he a member in good standing with the Florida Suncoast Chapter? Yes No

Name of Mother (or female guardian): _____

Home Address: _____

(Number, Street, City, State)

Is she employed by a municipality, county, or state? Yes No If yes, where? _____

If not, where? _____ Job Title: _____

For how long? _____

Is she a member in good standing with the Florida Suncoast Chapter? Yes No

NOTE: At least one parent or guardian of the applicant must be a member in good standing to be eligible for the scholarship.

I, _____ hereby apply for a grant to enable me to obtain continue my education at _____, located in _____

for the session beginning _____, 20____ and ending _____, 20____.

My class standing will be (freshman, sophomore, junior or senior) _____

My intended vocation is _____

The major course study is _____

Confidential Financial Statement

I. EDUCATIONAL BENEFITS

A. Parents' or Guardians' Financial Assistance

- i. College savings account \$ _____
- ii. Other assistance (annuities, savings bonds, CD, etc.) \$ _____
- iii. Subtotal (add items i and ii above) \$ _____

B. Other Educational Benefits

- iv. Grants or scholarships \$ _____
- v. Applicant's savings account \$ _____
- vi. Other educational benefits \$ _____
- vii. Subtotal (add items iv thru vi above) \$ _____

C. Total Assistance and Benefits (IA + IB): \$ _____

II. APPLICANT'S ESTIMATED EDUCATIONAL EXPENSES

(Check whether the cost is per month or per semester, then indicate the number and multiply the cost by the number)

A. Tuition

\$ _____ per month semester
\$ _____ X _____ (# months / semesters) = \$ _____

B. Books / supplies / fees

\$ _____ per month semester
\$ _____ X _____ (# months / semesters) = \$ _____

C. Room / board

\$ _____ per month semester
\$ _____ X _____ (# months / semesters) = \$ _____

D Student loan(s)

\$ _____ per month semester
\$ _____ X _____ (# months / semesters) = \$ _____

E. Total Educational Expenses (A + B + C + D) \$ _____

III. TOTAL EXPENSES MINUS BENEFITS/ASSISTANCE (IC - IIE) \$ _____

**FLORIDA SUNCOAST CHAPTER OF ICC & BOAF
SCHOLARSHIP REFERENCE FORM**

Applicant's Name: _____

Note: The scholarship applicant will forward this form to each person providing a reference. Individuals providing references should complete this form fully and then return it to the applicant for submittal with the application. The Scholarship Committee will hold comments in strict confidence.

Type of Reference: Personal (family friend, associate, professional) Teacher or Faculty Member

1. I have known the applicant for _____ years.
2. The applicant's general reputation and character is fair average good excellent superior
3. I believe the applicant's scholastic ability to be fair average good excellent superior
4. I believe the applicant's dedication to study to be fair average good excellent superior
5. I am recommending the applicant for this scholarship/grant because (please be specific):

Individual Providing Reference

My profession is _____

I am associated with _____

Type or Print Name: _____

Address: _____

Telephone: _____

Signature: _____

Date: _____

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