

2018 – 2019 SCHOLARSHIP APPLICATION

Applications must be received by Monday, April 30, 2018 at 5:00 p.m. EST.

FORT LAUDERDALE ALUMNAE PANHELLENIC SCHOLARSHIP

Fort Lauderdale Alumnae Panhellenic is proud to provide scholarships that reflect the organization's belief in the development of character through service and high academic achievement. The scholarship offers educational support for those with strong academic track records and a desire to help others.

TO BE ELIGIBLE, APPLICANTS MUST:

- Be a female resident of Broward County for two (2) years prior to submitting an application
- Be a graduating high school senior at a Broward County high school
- Be a U.S. citizen
- Have a cumulative **unweighted GPA of 3.3** or higher on a 4.0 scale
- Have an SAT Score of 1200 or higher on a 1600 scale (CR + MA) or an ACT Score of 26 or higher on a 36 scale (Eng+MA+SciR+Rdg)
- Plan to attend an accredited four-year college or university
- Show personal leadership qualities as demonstrated in extracurricular school and community activities
- Have the ability to communicate effectively
- Demonstrate financial need

You can download this application at cfbroward.org/scholarships

APPLICATION CHECKLIST

This completed original application (plus 2 additional copies) with all required signatures.
Essay as described in application
Your official high school transcript including first semester senior year grades.
A copy of your (only if you filed) and your parent's/guardian's 2017 income tax return.
A copy of your FAFSA report (recommended)
At least two (2) letters of recommendation from a guidance counselor, teacher or administrator
Proof of Florida residency (a <u>copy</u> of either your <u>or</u> your parent's/guardian's Florida driver's license or identification card.) The Foundation cannot make copies for you.

YOUR APPLICATION WILL NOT BE CONSIDERED IF THERE ARE ANY MISSING ATTACHMENTS.

Mail application and all attachments to:

Community Foundation of Broward Fort Lauderdale Alumnae Panhellenic Scholarship 910 E Las Olas Blvd., Suite 200 Fort Lauderdale, FL 33301 (954) 761-9503

Please DO NOT fax or email application







APPLICANT

Name: Last		First	M.I.
			IVI.II.
Address: Street		City	Zip
		mail Address:	
Date of Birth:	Country of Bi	rth:	
Are you a born U.S. citizen?	Yes No If no, a	re you a naturalized U.S.	citizen? No
Gender: Of	Social Security	Number:	
II. PARENT(S) OR Provide the name, address and phone		rdian with whom you reside.	
Name:	First Nan	20(0)	
Address:	First Nan	ne(s)	
Street		City	Zip
Telephone:(Area Code)	Relationship	to Student:	ner, Aunt, Uncle, Grandparent, etc.)
Student has been a Broward re		·	NO
Date Florida residency began f	or Parent/Guardian		
III. EDUCATION			
Name of High School		Graduation	Date:
Name of Flight School		Oracialion	Month Year
Name of post-secondary school yo	ou plan to attend. If unknowr	n, list school(s) you applied to	0:
	Location:		Accepted Applied
1 st Choice	City	State	
2 nd Choice	Location:City	State	
4 yr. College or University	☐ Community College	☐ Vocational School	☐ Other
Enrollment status:	☐ Full-time	☐ Part-time	
Living Arrangements:	☐ On campus	☐ Off campus	☐ Commute from home
Major or course of study:			





IV. ACTIVITIES, AWARDS, AND HONORS
List both school and volunteer/community activities in which you have participated during the past four years (i.e., student government, sports, band, chorus, etc. and/or hospital volunteer, church work, babysitting, etc.). A leader's signature must validate each activity. If the leader is not available, a parent or guardian may sign for the leader. You may attach a separate sheet of paper for this section. If attaching a separate sheet of paper, use only one side of paper.

	School grade(s	i) involved	Special Awards/Honors	Leader's Signature and Phone Number
	☐ 9 th ☐ 10 th ☐] 11 th		
	□ 9 th □ 10 th □] 11 th		
	□ 9 th □ 10 th □] 11 th		
	□ 9 th □ 10 th □] 11 th		
	☐ 9 th ☐ 10 th ☐] 11 th		
Work Hist	ory: Grade _9 th _ 10 th	'_11 th _ 12 th	Average number hours p	er week:
On a separate piece	of paper, please provide a lobstacles and barriers a		age only typed essay describing s. You may also report any unus	
Applicant <i>must</i> inc	SCRIPT lude an official high so		rhich <i>includes 7th semester</i> ial.	<i>grades,</i> <u>and</u> have the
		L OFFICIAL (a)	vidanas asvesalas as DF	
· ·	TED BY A SCHOO	L OI I ICIAL (g	uldance counselor or Br	RACE advisor)
TO BE COMPLE	in a class of _			RACE advisor)
TO BE COMPLE Applicant ranks	in a class of _	or her p		
TO BE COMPLE Applicant ranks Applicant's Cumulativ	in a class of _	or her p	percentage rank is	
TO BE COMPLE Applicant ranks Applicant's Cumulative Applicant's Standard	in a class of _	or her process turns only scores sturns	percentage rank is Unweighted: dent wishes to be considered):	
TO BE COMPLE Applicant ranks Applicant's Cumulative Applicant's Standard SAT Critical	in a class of re Grade Point Average zed Test Scores (<i>Please</i> Reading Math	or her process to the control of the	percentage rank is Unweighted: dent wishes to be considered):	
TO BE COMPLE Applicant ranks Applicant's Cumulativ Applicant's Standard SAT Critical ACT English	in a class of _ re Grade Point Average zed Test Scores (<i>Please</i> Reading Math Math F	or her process students of the control of the contr	percentage rank is Unweighted: dent wishes to be considered):	
TO BE COMPLE Applicant ranks Applicant's Cumulativ Applicant's Standard SAT Critical ACT English	in a class of re Grade Point Average zed Test Scores (<i>Please</i> Reading Math a Math F om the 7 th semester office	or her process students of the control of the contr	percentage rank is Unweighted: dent wishes to be considered): cience Composite	
TO BE COMPLE Applicant ranks Applicant's Cumulativ Applicant's Standard SAT Critical ACT English I certify this data is from	in a class of re Grade Point Average zed Test Scores (<i>Please</i> Reading Math a Form the 7 th semester office Please Print	or her processed in the control of t	percentage rank is Unweighted: dent wishes to be considered): cience Composite	





VII.	FINANCE				
Student	is eligible for school's free lunch program	YES	NO		
Student	is eligible for school's reduced lunch program	YES	NO		
Total ho	ousehold annual income	Number of peop	le in household		
What is	the total number of family members attending c	ollege at least half-time	during the next school yea	ar? (Include you	urself)
0	You must include a copy of <i>your</i> income tax r income tax return for the 2017 tax year (IRS-F	eturn <i>(only if you filed)</i> Form 1040).	and a copy of your pare	nt's or legal gu	uardian's
0	You must include the W-2's. If you or your par submit the previous year's return, with an exp			n for 2017, you	may
0	If for any reason your parent/guardian is not re Form for 2017.	equired to file an IRS-Fo	rm 1040, you must includ	e a copy of you	ır/their W-2
0	If you or your parent/guardian received social you must provide documentation of benefits re		are benefits (including TA	NF payments)	in 2017,
	ou filed a 2018-2019 Free Application for Federa please include your FAFSA report)	Student Aid (FAFSA)?	(Y/N)		
Have yo	ou received notice of any financial aid?	(Y/N)	If yes, for what amount?		
	list below the name and amount of any grants or or this section.	scholarships that you h	ave applied for. You may	attach a separ	ate sheet of
, ,	ne of Award		Amount	Granted	Pending
			,		
\/III	CERTIFICATION AND SI	CNATUDE			
VIII.	CERTIFICATION AND SI	GNATURE			
an aut of info	by affirm that the information provided in horized official, I agree to give proof of rmation may result in termination of an Community Foundation of Broward.	the information tha	t I have given on this	form. Falsi	ification
Applica	nt's Signature		Date		





All applications must be received by 5:00 p.m. EST. on Monday, April 30, 2018.

Provide 2 copies of this application <i>in addition to</i> the original. Do not staple the application or copies. Use paperclips. Do not insert in protective sleeves, bind, or submit in other types of notebook form. We are unable to make copies of required information for you.
All applicants will receive written notification of their award status by June 2018.
ACCEPTED AFTER the application deadline.

The Foundation does not accept applications by fax or e-mail. Mail applications to:

Community Foundation of Broward Fort Lauderdale Alumnae Panhellenic Scholarship 910 E Las Olas Boulevard, Suite 200 Fort Lauderdale, FL 33301 (954) 761-9503

You can download this application at cfbroward.org/Scholarships

If you have questions, please contact: Amanda Kah, Charitable Funds Manager, at 954-761-9503 ext. 115 or e-mail: akah@cfbroward.org







RECOMMENDATION FORM

The student named below is applying for a scholarship administered by the Community Foundation of Broward. Your recommendation is needed as part of the application process. This form is to be filled out by a school guidance counselor, instructor, or administrator. Please complete this form return to student so he or she may submit it as part of the application. The application deadline is **April 30, 2018**.

To be complete	ed by applic	ant:				
Applicant's nam	ne:					
Home Address:						
School you plar	n to attend ne	ext fall:				
Course of study	y you plan to	pursue:				
To be complete	ed by refere	nce:				
Please rate the	applicant in	the following ca	tegories on a sca	ale of 1 to 5. (5 the	e highest ranking/	/1 the lowest)
	5	4	3	2	1	Unknow
Character						
Cooperation						
Initiative						
Intellectual Ability						
Responsibility						
Service						
Work habits						
Comments on a	applicant's qu	ualification and r	notivation to pur	sue the course o	f study listed a	above.
Name of Reference	e – Please print		Title		Daytime Pr	none #
Signature of Refer	rence				Date	
Signature of INCIEN	01100				Date	
Address			City		State	Zip





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To be complete	ed by applic	ant:						
Applicant's nam	ne:							
Home Address:	:							
School you plan to attend next fall:								
Course of study	y you plan to	pursue:						
To be complete	ed by refere	nce:						
			tegories on a sca	ale of 1 to 5. <i>(5 th</i>	e highest ranking,	/1 the lowest)		
	5	4	3	2	1	Unknowi		
Character								
Cooperation								
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Intellectual Ability								
Responsibility								
Service								
Work habits								
Comments on a	applicant's qu	ualification and r	notivation to purs	sue the course o	f study listed a	above.		
Name of Reference	a _ Plaasa nrint		Title		() Daytime Pt	none #		
THATTIC OF INCIDENCE	o i ioase pilit		TILLO		Dayume FI	ιστισ π		
Signature of Refer	rence				Date			
Address			City		State	Zip		



