

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 copy of either your or 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

I. APPLICANT

Name: _____
Last First M.I.

Address: _____
Street City Zip

Telephone: _____ Email Address: _____

Date of Birth: _____ Country of Birth: _____
MM/DD/YYYY

Are you a born U.S. citizen? Yes No If no, are you a naturalized U.S. citizen? Yes No

Gender: _____ Social Security Number: _____
Male Female Other

II. PARENT(S) OR GUARDIAN

Provide the name, address and phone number of the parent(s) or guardian with whom you reside.

Name: _____
Last First Name(s)

Address: _____
Street City Zip

Telephone: _____ Relationship to Student: _____
(Area Code) (Parents, Mother, Father, Aunt, Uncle, Grandparent, etc.)

Student has been a Broward resident for at least 2 years? YES NO

Date Florida residency began for Parent/Guardian _____

III. EDUCATION

Name of High School _____ Graduation Date: _____
Month Year

Name of post-secondary school you plan to attend. If unknown, list school(s) you applied to:

_____ Location: _____ Accepted Applied
1st Choice City State

_____ Location: _____ Accepted Applied
2nd Choice 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: _____

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 household annual income _____ Number of people in household _____

What is the **total** number of family members attending college at least half-time during the next school year? (Include yourself) _____

- You must include a copy of **your** income tax return (**only if you filed**) and a copy of **your parent's or legal guardian's** income tax return for the 2017 tax year (IRS-Form 1040).
- You must include the W-2's. If you or your parent/guardian has not yet filed an income tax return for 2017, you may submit the previous year's return, with an explanation of any substantial changes.
- If for any reason your parent/guardian is not required to file an IRS-Form 1040, you must include a copy of your/their W-2 Form for 2017.
- If you or your parent/guardian received social security benefits or welfare benefits (including TANF payments) in 2017, you must provide documentation of benefits received.

Have you filed a 2018-2019 Free Application for Federal Student Aid (FAFSA)? _____ (Y/N)
(If yes, please include your FAFSA report)

Have you received notice of any financial aid? _____ (Y/N) If yes, for what amount? _____

Please list below the name and amount of any grants or scholarships that you have applied for. You may attach a separate sheet of paper for this section.

Name of Award	Amount	Granted	Pending

VIII. CERTIFICATION AND SIGNATURE

I hereby affirm that the information provided is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the Community Foundation of Broward.

Applicant's Signature

Date

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

- Applications, essays, letters of recommendation and income tax forms WILL NOT BE ACCEPTED AFTER the application deadline.
- All applicants will receive written notification of their award status by June 2018.
- **Provide 2 copies of this application *in addition to* 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.***

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 completed by applicant:

Applicant's name: _____

Home Address: _____

School you plan to attend next fall: _____

Course of study you plan to pursue: _____

To be completed by reference:

Please rate the applicant in the following categories on a scale of 1 to 5. (5 the highest ranking/1 the lowest)

	5	4	3	2	1	Unknown
Character	_____	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____	_____
Service	_____	_____	_____	_____	_____	_____
Work habits	_____	_____	_____	_____	_____	_____

Comments on applicant's qualification and motivation to pursue the course of study listed above.

 Name of Reference – Please print Title Daytime Phone #

 Signature of Reference Date

 Address City State Zip

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 completed by applicant:

Applicant's name: _____

Home Address: _____

School you plan to attend next fall: _____

Course of study you plan to pursue: _____

To be completed by reference:

Please rate the applicant in the following categories on a scale of 1 to 5. (5 the highest ranking/1 the lowest)

	5	4	3	2	1	Unknown
Character	_____	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____	_____
Service	_____	_____	_____	_____	_____	_____
Work habits	_____	_____	_____	_____	_____	_____

Comments on applicant's qualification and motivation to pursue the course of study listed above.

Name of Reference – Please print Title Daytime Phone #

Signature of Reference Date

Address City State Zip