



## 2019 – 2020 SCHOLARSHIP APPLICATION

Applications must be received by **Friday, April 26, 2019 at 5:00 pm 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](http://cfbroward.org/scholarships)

#### APPLICATION CHECKLIST

- This **completed** original application 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 **2018 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 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: \_\_\_\_\_  
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: \_\_\_\_\_  
*(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  
1<sup>st</sup> Choice City State

\_\_\_\_\_ Location: \_\_\_\_\_  Accepted  Applied  
2<sup>nd</sup> 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 2018 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 2018, 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 2018.
- If you or your parent/guardian received social security benefits or welfare benefits (including TANF payments) in 2018, you must provide documentation of benefits received.

Have you filed a 2019-2020 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 Friday, April 26, 2019.**

- Applications, essays, letters of recommendation and income tax forms WILL NOT BE ACCEPTED AFTER the application deadline.
- All applicants will receive email notification of their award status by June 2019.
- **Do not staple the application, insert in protective sleeves, bind, or submit in other types of notebook form.**

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

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If you have questions, please contact:  
Amanda Kah, Charitable Funds Manager, at 954-761-9503 ext. 115 or e-mail: [akah@cfbroward.org](mailto: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 8\*, 201-**.

### 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.*

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Name of Reference – Please print	Title	Daytime Phone #
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Signature of Reference	Date
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Address	City	State	Zip
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	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.*

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Name of Reference – Please print \_\_\_\_\_ Title \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

