

2019 – 2020 SCHOLARSHIP APPLICATION

Applications must be received by **Friday, April 26, 2019 at 5:00 p.m. EST.**

TRIPP FAMILY FUND FOR EDUCATIONAL OPPORTUNITY SCHOLARSHIP

In 1994, Broward County attorney Norman Tripp and his family established this scholarship to help women in transition achieve their educational goals. This full scholarship can be applied to tuition, books and fees.

TO BE ELIGIBLE, APPLICANTS MUST:

- Be a **“woman in transition”** defined as a woman who wants to obtain her bachelor’s degree in order to significantly better her life circumstances. *This can include: divorced or widowed women, women abandoned by their husbands, domestic violence survivors, and single mothers.*
- Be a current **Broward College student** who will begin attending **Florida Atlantic University (FAU)** for the 2019-2020 school year with the intent of completing a bachelor’s degree (2+2 degree program).
- Must enroll and remain a **full-time student at Florida Atlantic University** (minimum of 12 credits per semester). Scholarship covers a maximum of 15 credits per semester. *This scholarship can be renewed for an additional school year as long as the recipient maintains a 2.5 cumulative GPA and remains a full-time student at FAU.*
- Demonstrate financial need.
- Have a **cumulative GPA of 2.5 at Broward College** (Applicant must provide current transcripts).
- Be a U.S. citizen.
- Be a resident of Broward County.

You can download this application at cfbroward.org/scholarships

APPLICATION CHECKLIST

- This **completed** application with proper signatures.
- Essay** as described in application.
- Your most recent **tax return**.
- The **Student Aid Report (SAR)** you received after filing your 2019-2020 FAFSA Form (recommended)
- Proof of Florida residency (**a copy of your Florida driver’s license or identification card** that was issued more than one year ago.)
- Your **most recent official transcript from Broward College**.
- Please provide the original application and two (2) copies with all attachments. Do not staple documents.** Use paperclips. Do not insert in protective sleeves, bind, or submit in other type of notebook form. We are unable to make copies of required information for you.



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.

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

Mail application and all attachments to:

Community Foundation of Broward
Tripp Family Fund for Educational Opportunity Scholarship
910 E Las Olas Blvd., Suite 200
Fort Lauderdale, FL 33301
(954) 761-9503

Please DO NOT fax or email application

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



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

II. EDUCATION

Name of High School _____ Graduation Date: _____
Month Year

What is your major? _____

Number of credit hours per semester at Florida Atlantic University: Fall 2019 _____ Spring/Summer 2020 _____

III. ESSAY

On a separate piece of paper, please provide a one-sided, **one-page only typed** essay describing your educational interests and future goals. Describe the nature of your “transition” and how your life experiences have inspired you to further your education.

IV. FINANCE

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? _____

V. 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 my ineligibility for this scholarship and termination of any scholarship granted. This application becomes the property of the Community Foundation of Broward.

Applicant's Signature Date

