

2017 – 2018 SCHOLARSHIP APPLICATION

RALPH H. AND RUTH FRANK GROSS MEMORIAL SCHOLARSHIP

Ralph and Ruth Frank Gross understood the value of a good education. This scholarship was established in memory of them and is intended to encourage people to improve themselves as well as to provide for the betterment of their children. Governmental workers and their families were selected as qualified recipients because of the many good deeds that are performed that go unrecognized. This scholarship is for college, university or vocational education. The award range is: \$500 – \$2,500 per student.

TO BE ELIGIBLE, APPLICANTS MUST:

- Demonstrate financial need *and* must not receive any other scholarship or grant.
- Be a resident of the State of Florida.
- If applicant is a graduating high school student, he or she must have an SAT score of **1100 or higher (CR + MA) and submit official high school transcripts.**
- Plan to attend a college, university or vocational institute located in the State of Florida either on a full or part-time basis. Graduate students are not eligible to apply.
- Agree not to use tobacco products, illegal drugs or abuse alcohol for the duration of this award.
- Agree not to become a member of a social sorority or fraternity for the duration of this award. *Membership of an honorary, academic, or professional sorority or fraternity is allowed.*
- If employer has a tuition reimbursement program, you *may not* be eligible for this award. See page 4 of this application.

APPLICANT MUST ALSO BE ONE OF THE FOLLOWING:

(Please check only one category that describes you best)

- A current full-time employee of a governmental entity in Broward County.
- A retired employee or past employee who was employed full-time by a governmental entity in Broward County continuously for at least five years.
- A past employee who was disabled as a result of a performance of his/her functions of employment while employed full-time for at least five years at a governmental entity in Broward County.
- A spouse, former spouse or child of an employee who currently is employed full-time at a governmental entity in Broward County or an employee who meets one of the requirements above or who was killed in the line of duty while employed full-time for at least five years at a governmental entity in Broward County. Check the following that applies to you:

Spouse ____
Year of marriage _____
(Must be married at least 5 years)

Former Spouse ____
Year of Marriage _____
Year of Divorce _____
(Must have been married at least 5 years)

Child ____

You can download this application at cfbroward.org/scholarships

APPLICATION CHECKLIST

- This completed application with proper signatures.
- Your 2016 tax return **or** the Student Aid Report (SAR) you received after filing your 2017 FAFSA.
 - o **If you are a high school student**, your 2016 tax return (if you filed) and your parent's/legal guardian's 2016 tax return.
 - o **If you are an adult**, your 2016 tax return
- Proof of Florida Residency. (For proof of residency you must **submit a copy of your or your parent's/guardian's driver's license or a copy of an identification card** that was issued more than a year of application date.)
- If you are a high school student, you *must* include an **official high school transcript**.
- Typed **essay** on your personal educational interests and goals.
- If you are an adult currently **attending** college, you *must* include the **most recent official transcript**.
- If you are an adult who is planning to return or attend college for the first time, you must submit **proof of enrollment**.
- Copy of your SAT or ACT scores, or other applicable testing results.
- Signed Employee Verification Form (page 4)**

|

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

Mail application and all attachments to:

Community Foundation of Broward
Ralph H. and Ruth Frank Gross Memorial Scholarship
910 East Las Olas Boulevard, 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:

~~XXXXXXXXXX~~ 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

Gender: _____ Social Security Number: _____
Male Female Other

Please check the one that applies to you: _____ Current graduating high school senior _____ Adult

Government Employee's Name (if different from applicant's name): _____

II. PARENT(S) OR GUARDIAN

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

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 1 year? _____ YES _____ NO

Date Florida residency began for Parent/Guardian _____

III. EDUCATION

Name of High School _____ Graduation Date: _____
Month Year

If you are a graduating high school senior, please provide your SAT and/or ACT scores.

SAT: Critical Reading _____ Math _____ Total _____

ACT: English _____ Math _____ Reading _____ Science _____ Composite _____

Name of post-secondary school you plan to attend during the **2017-2018 school year**. 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 (if applicable): Full-time Part-time

Living Arrangements: On campus Off campus Commute from home

Number of credit hours you plan on taking each semester: Fall 2017 _____ Spring/ Summer 2018 _____

Major or course of study: _____

IV. ESSAY

On a separate piece of paper, please provide a one-sided, one-page only typed essay describing your personal educational interests and future goals.

V. FINANCE

You must submit the following finance documentation with your application:

- If you are a high school student, 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 2016 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 2016, 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 2016.
- If you are an adult, your 2016 tax return.

OR

- The Student Aid Report (SAR) you received after filing your 2017 Free Application for Federal Student Aid (FAFSA).

VI. 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



EMPLOYEE VERIFICATION FORM

The applicant named below is applying for a scholarship administered by the Community Foundation of Broward. Your employee verification is needed as part of the application process. **This form must be signed by the Human Resource Director of the Government Entity of the employee.** The application deadline is **April 24, 2017**.

This is to verify that _____ falls into one of the following categories:
(Type or print employee's full name)

Please check the category which best describes the employee:

- Current full-time employee of a governmental entity in Broward County.
- Retired employee of a governmental entity in Broward County who was employed full-time for *at least 10 consecutive years*.
- Previous full-time employee of a governmental entity in Broward County for at least *five consecutive years*, or who was disabled as a result of performance of his/her functions of employment.

Tuition Reimbursement Program *(Please check the appropriate box)*

- Employee is currently receiving a tuition reimbursement.
- Employee is **NOT** eligible for reimbursement under our current tuition reimbursement program.
- Employee is **NOT** eligible for reimbursement for dependents.
- Entity does not currently have a tuition reimbursement program.

Comments: _____

Name of Government Entity where above was/is employed: _____

Date of hire for this employee: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I hereby affirm that the above information is true and accurate to the best of my knowledge.

Director of Human Resource Dept. (please print)

Date

Signature of Director of Human Resource Dept.

Phone (in case of questions)

