

**Suncoast Chapter Scholarship Fund  
Scholarship Application**

**for**

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**Application Deadline is May 31, 2009**

**Mail the Application to:**

**Nick D'Andrea, Jr.  
Suncoast Chapter  
1400 N. Boulevard, 2nd Floor  
Tampa, Florida 33607**

**NOTICE TO APPLICANT:**

**Please read thoroughly the “ Instructions to Applicant “ and  
the “Criteria of Qualifications” sections of this application.**

## Instructions to the Applicant

1. This application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested. Read the contents carefully and understand each question and all information requested.
2. Before filling in the application, draft your answers on an extra Application form as your file copy and work sheet. Consideration will not be given to carelessly prepared or incomplete applications.
3. Every question and statement must be answered and submitted. Do not answer any question with a check mark. If answer is "none" or "not apply", it should be so stated. If spaces are inadequate for some answers, use a separate sheet.
4. Answers must be legible.
5. Include a complete financial statement of your income sources as provided with this application. Also indicate, by title and amount, any other financial assistance that you will be receiving.
6. **Mail this application directly to the Florida Suncoast Chapter, in care of the address shown on the cover, to be received no later than the deadline, with the following information:**
  - a. The three currently signed, original, enclosed scholarship reference forms, two of which must be completed by teachers or faculty members, and one by a personal or professional reference who is not a faculty member. (These reference forms MUST be sent with your scholarship application.)
  - b. An up-to-date copy of your high school or college transcript.
  - c. ACT or SAT scores if you will be entering college as a freshman.
7. **Incomplete applications, even though they are received by the deadline, will not be considered.**

### "CRITERIA OF QUALIFICATION OF STUDENT APPLICANTS"

The Scholarship Fund committee may establish reasonable and operable procedures and qualifications for determining the selection of the student or students considered as recipients of grants from the Scholarship fund, provided they are not in conflict with criteria or guidelines herein stated, and as follows:

1. The student applicant shall be an immediate family member of a member in good standing, or a member in good standing with the Suncoast Chapter. (A member in good standing is one whose annual dues are paid up for the current year.) (Immediate family member shall be a son, daughter, or a grandchild, if the member is raising the grandchild.)  
**If the above conditions are not met, then the student is not eligible for the scholarship.**
2. The student applicant shall agree that the use of grant funds shall be predicated on his or her enrollment or continuance of education in a recognized and/or accredited school such as college, university, trade school, business college, or as may be acceptable to the Scholarship Committee. The approved fund should be used for such purposes as tuition fees, books and student school supplies, rather than for room, board, clothes and living expenses, unless otherwise determined by the committee.
3. The applicant shall show need for financial assistance.
4. The applicant should possess qualities of good character and integrity.
5. A record of evidence of satisfactory scholastic or school grades, ability, ambition, and desire for continuance of education shall be submitted.
6. The maximum number of years that funds may be granted a student is four (4) years. All students desiring this funding must make application each year using this form.

I solemnly affirm the correctness of the information supplied in this application, and that I have thoroughly read and understand the "Instructions to Applicant" and the "Criteria or Qualification" as transmitted herewith. If the grant is approved, I agree and promise to use it for no other purpose than as set forth in the "Criteria of Qualification".

**Applicant's Signature:** \_\_\_\_\_

## Applicant's Personal Information

Date: \_\_\_\_\_

Applicant's Name in Full: \_\_\_\_\_

Home Address: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Date of Birth (Voluntary): \_\_\_\_\_

Social Security Number (last four digits only): \_\_\_\_\_

Are you married?  Yes  No Number of Children (If applicable): \_\_\_\_\_

If married, give Husband's or Wife's Name: \_\_\_\_\_

Are you employed:  Yes  No If yes, complete the following information.

Applicant's present occupation: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Name of Father (or male guardian): \_\_\_\_\_

Home Address: \_\_\_\_\_

(Number, Street, City, State)

Is he employed by a municipality, county, or state?  Yes  No If yes, where? \_\_\_\_\_

If not, where? \_\_\_\_\_ Job Title: \_\_\_\_\_

For how long? \_\_\_\_\_

Is he a member in good standing with the Suncoast Chapter?  Yes  No

Name of Mother (or female guardian): \_\_\_\_\_

Home Address: \_\_\_\_\_

(Number, Street, City, State)

Is she employed by a municipality, county, or state?  Yes  No If yes, where? \_\_\_\_\_

If not, where? \_\_\_\_\_ Job Title: \_\_\_\_\_

For how long? \_\_\_\_\_

Is she a member in good standing with the Suncoast Chapter?  Yes  No

**If neither parent meets the above criteria, then the student is not eligible for the scholarship.**

I hereby apply for a grant to enable me to  obtain,  continue my education at \_\_\_\_\_

(College, University, Trade School)

\_\_\_\_\_, located at \_\_\_\_\_

for the session beginning \_\_\_\_\_ 20\_\_\_\_ and ending \_\_\_\_\_ 20\_\_\_\_

My class standing will be (Freshman, Sophomore, Junior, Senior) \_\_\_\_\_

My intended vocation is \_\_\_\_\_. The major course study is \_\_\_\_\_

\_\_\_\_\_



## Confidential Financial Statement

If the applicant is not dependent on parents or guardians for financial support for schooling, then the applicant must provide the information on himself/herself for Items I and II below for the last two years.

**I.  Parents' or Guardians'  Applicant's Annual Income and Expenses**

	Estimated	Total	Total
	Year	20__	20__
<b>Income</b>			
A. Wages, Salaries, Tips and other compensation	\$	_____	\$ _____
B. Dividends	\$	_____	\$ _____
C. Interest	\$	_____	\$ _____
D. Other (Social Security, Veteran Benefits, Other)	\$	_____	\$ _____
E. Total Income (add A,B,C,D)	\$	_____	\$ _____
<b>Expenses</b>			
F. Medical and Dental not covered by Insurance	\$	_____	\$ _____
G. Casualty and Theft Losses	\$	_____	\$ _____
H. IRS Itemized Deductions	\$	_____	\$ _____
I. U.S. Income Tax Paid	\$	_____	\$ _____
J. Other Unusual Expenses	\$	_____	\$ _____
K. Total Expenses (add A,B,C,D,E)	\$	_____	\$ _____
<b>Available Income (subtract K from E above and enter here):</b>	\$	_____	\$ _____

**II. Applicant's Assets and Benefits**

<b>A. Assets</b>			
1. Savings	\$	_____	
2. Other (endowments, trusts, inheritances, investments, etc.)	\$	_____	
3. Total of Applicant's Assets:	\$	_____	
<b>B. Other Educational benefits</b>			
4. Social Security Benefits per month	\$	_____	
5. Veteran's Benefits per month	\$	_____	
6. Other Grants or Scholarships	\$	_____	
7. Total of Applicant's Benefits:	\$	_____	
<b>C. Total Assets (Add totals from I, IIA3 and IIB7 above.)</b>	\$	_____	

**III. Student Applicant's Estimated Educational Expenses**

(Check whether the cost is per month or per semester, indicate the number, and multiply the cost by the number.)

A. Tuition per <input type="checkbox"/> month <input type="checkbox"/> semester	\$ _____ times _____ (# months/semesters)	\$ _____ Total Tuition
B. Books, etc. per <input type="checkbox"/> month <input type="checkbox"/> semester	\$ _____ times _____ (# months/semesters)	\$ _____ Total books/supplies/fees
C. Room/ Board per <input type="checkbox"/> month <input type="checkbox"/> semester	\$ _____ times _____ (# months/semesters)	\$ _____ Total room and board
D. Total of Applicant's Educational Expenses (A+B+C):		\$ _____

**Subtract total applicant's expenses III D. from total assets II C. and enter here.** \$ \_\_\_\_\_



## SUNCOAST SCHOLARSHIP REFERENCE FORM

**Suncoast Chapter**  
**1400 N. Boulevard, 2<sup>nd</sup> Floor**  
**Tampa, Florida 33607**

**Applicant's Name:** \_\_\_\_\_

Note: The scholarship applicant will forward this form to each person providing a reference. Individuals providing references should complete this form fully and then return it to the applicant for submittal with the application. The Scholarship Committee will hold comments in strict confidence.

Type of Reference  Personal (family friend, associate, professional)  Teacher or Faculty Member

1. I have known the applicant for \_\_\_\_\_ years.
2. The applicant's general reputation and character are \_\_\_ fair, \_\_\_ average, \_\_\_ good, \_\_\_ excellent, \_\_\_ superior
3. I believe the applicant's scholastic ability to be \_\_\_ fair, \_\_\_ average, \_\_\_ good, \_\_\_ excellent, \_\_\_ superior.
4. I believe the applicant's dedication to study to be \_\_\_ fair, \_\_\_ average, \_\_\_ good, \_\_\_ excellent, \_\_\_ superior.
5. I am recommending the applicant for this scholarship/grant because (Please be specific):

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### Individual Providing Reference

My profession is \_\_\_\_\_

I am associated with \_\_\_\_\_

Address \_\_\_\_\_

Type or Print Name

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I am associated with \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

Signature \_\_\_\_\_

Date \_\_\_\_\_