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RALPH H. AND RUTH FRANK GROSS MEMORIAL SCHOLARSHIP

Ralph and Ruth Frank Gross understood the value of a good education. This scholarship fund 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.

2012-2013 SCHOLARSHIP APPLICATION

**This Scholarship is for College, University or Vocational Education
Scholarship Award Range: \$500 – \$2,500 per student**

All applications must be **received on or before 5 p.m. on April 6, 2012** by the Community Foundation.

I. Eligibility, You must meet all of the following requirements:

1. Demonstrate financial need and cannot be receiving any other scholarship or grant
2. Be a resident of the State of Florida
3. If applicant is a graduating high school student, you must have an SAT score of **1100 or higher**
4. Plan to attend a college, university or vocational institute, which is located in the State of Florida either on a full or part time basis. Graduate student are not eligible to apply
5. Agree not to use tobacco products, illegal drugs or abuse alcohol for the duration of this award
6. Agree not to become a member of a social sorority or fraternity for the duration of this award. Membership is an honorary, academic, or professional sorority or fraternity is allowed
7. If employer has a tuition reimbursement program, you *may not* be eligible for this award. See page 4 of this application

You must also be **ONE** of the following: (Please check the one category which describes you best)

- A current full-time employee of a governmental entity (ies) in Broward County.
- A retired employee or past employee who was employed full-time by a governmental entity (ies) 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 (ies) in Broward County.
- A *spouse* or *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 (ies) in Broward County. Check the one that applies to you:

<input type="checkbox"/> Spouse ____	<input type="checkbox"/> Former Spouse ____	<input type="checkbox"/> Child ____
Year of marriage _____	Year of Marriage _____	
(Must be married at least 5 years)	Year of Divorce _____	
	(Must have been married at least 5 years)	

I. GENERAL INFORMATION

Applicant's Name: _____
Last First M.I.

Address: _____
Street City Zip

Day time phone: _____ Email Address: _____ Social Security #: _____

Please check the one that applies to you: A current graduating high school senior ___ or An adult ___

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

II. FINANCIAL INFORMATION

Have you filed a 2012-2013 Free Application for Federal Student Aid (FAFSA). Yes ___ No ___

Have you received notice of any financial aid? ___ If yes, for what amount. _____

What is the *total* number of *dependent family* members attending college during the next school year? _____

III. ACADEMIC INFORMATION/GOALS

If a graduating high school senior, what is your SAT and/or ACT scores (Vocational Test Scores, Etc.)?

SAT: Math ___ Verbal ___ Total ___ ACT: ___ Other: _____

Please list the name of the post-secondary school you plan to attend during the **2012 -2013 school year**. If unknown, list schools in which applications for admissions have been sent.

_____ Location: _____ Applied ___ Accepted ___
1st Choice City State

_____ Location: _____ Applied ___ Accepted: ___
2nd Choice City State

4 yr. College or University ___ Community College ___ Vocational School ___ Other _____

Enrollment status for the 2011-2012 school year: Full-time ___ Part-time ___

Number of credit hours you plan on taking each semester: Fall 2012 ___ Spring 2012 ___ Summer 2012 ___

What major or course of study do you plan to pursue? _____

IV. ESSAY

Attach a one page (typed) descriptive essay of your personal educational interests and goals.

I hereby agree to the conditions of this scholarship and affirm that the above information is true and accurate to the best of my knowledge. I also understand that any false information given will result in my ineligibility for the Ralph H. and Ruth Frank Gross Memorial Scholarship.

Signature of Applicant

Date:

V. ATTACHMENTS

MUST SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

1. If you are a high school student, your 2011 tax return (if you filed) **and** your parent's/legal guardian's 2011 tax return.

If you are an adult, your 2011 tax return.

OR

The Student Aid Report (SAR) you received after filing your 2012-2013 FAFSA.

2. 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 ago.)
3. If you are a high school student, you *must* include an **official** high school transcript, which includes the 7 – 14th semester grades.
4. Typed **essay** on your personal educational interests and goals.
5. If you are an adult currently **attending** college, your *must* include the most recent **official** transcript.
6. If you are an adult who is planning to return or attend college for the first time, you must submit **proof of enrollment**.
7. Copy of your PSAT/SAT or ACT scores, or any other scores, which may apply.
8. **Signed Employee Verification Form (page 4)**
9. **Please provide 3 copies of this completed application with the attachments and the original.**

All applications must be **received on or before 5 p.m. on April 6, 2016** by the Community Foundation.

The Foundation does not accept applications by fax or e-mail.

Please provide 3 copies of this application and the original. Please staple each application. Do not insert in protective sleeves, bind, or submit in other types of notebook form.

Send applications to:

Community Foundation of Broward
910 East Las Olas Blvd., Suite 200
Fort Lauderdale, FL 33301
(954) 761-9503

We are unable to make copies of required information for you. Please remember to do that before you arrive.

You may download this application from our website - www.cfbroward.org

If you have any questions, please contact Laura Santos the Program Associate 954-761-9503 x 110.

EMPLOYEE VERIFICATION FORM

Please have this form signed by the Human Resource Director of the Governmental Entity of the employee

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

Please check the category which best describes the employee

- Current full-time employee of a governmental entity (ies) in Broward County.
Retired employee of a governmental entity (ies) in Broward County who was employed full-time for at least ten consecutive years.
Previous full-time employee of a governmental entity (ies) 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 receiving tuition reimbursement because course of study disqualifies employee.
Employee is NOT eligible for reimbursement under our current 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)