



Fort Lauderdale Alumnae Panhellenic Scholarship Application

Application Deadline: April 20, 2012

SCHOLARSHIP ELIGIBILITY

(\$500 - \$1,000 one-time award)

Applicant must:

1. Be a **female** resident of Broward County for 2 years prior to submitting an application
2. Be a graduating high school senior in a Broward County high school
3. Be a **U.S. citizen**
4. Have an accumulative **GPA of 3.3 or higher**
5. Have an **SAT Score of 1200** or higher
6. Plan to attend an accredited four-year college or university
7. Show personal leadership qualities as demonstrated in extracurricular school and community activities
8. Have the ability to communicate effectively
9. Demonstrate financial need

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

APPLICATION CHECKLIST

This application is complete and valid *only* when submitted with the following materials:

1. This **completed** application with proper signatures. (Signatures are required in at least three places.)
2. Essay as described in application.
3. Your official high school transcript which *includes the 7th - 14th semester grades.*
4. A copy of your (only if you filed) and your parent's/ guardian's 2011 income tax return.
5. At least **two** letters of recommendation from a guidance counselor, teacher or administrator.
6. Proof of Florida residency (a copy of either your **or** your parent's/guardian's driver's license or identification card that was issued **more than a year ago.**) **The Foundation cannot make copies for you.**

YOUR APPLICATION WILL NOT BE CONSIDERED IF THERE ARE ANY BLANKS OR MISSING INFORMATION.

Return application to:

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

Please DO NOT fax or email application

(If delivering in person)

Driving Directions: I-95: Go east on Broward Blvd. and cross over Federal Hwy. Next light after Federal Hwy is 8th Ave. Turn right (south) on SE 8th Ave., which is the first light after Federal Hwy. Turn left (east) Las Olas Blvd. Turn right onto (south) SE 9th Avenue (by Mangos Restaurant) and turn left (east) onto SE 4th St., then turn left into the second parking lot (you will see a parking attendant station). Parking lot is right behind the 910 Community Foundation offices.

**Community Foundation of Broward
Fort Lauderdale Alumnae Panhellenic Scholarship Application**

No Staples Please

Type or Print all information
DO NOT CUT AND PASTE OR TAPE INFORMATION

APPLICANT DATA

NAME: _____
Last First M.I.

ADDRESS: _____
Street City Zip

TELEPHONE: _____ EMAIL: _____ SS#: _____
(Area Code)

GENDER: _____ ARE YOU A BORN U.S. CITIZEN? _____
Male Female

IF NO, ARE YOU A NATURALIZED U.S. CITIZEN? _____

PARENT(S) OR GUARDIAN DATA

Please 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) i.e., Parents, Mother, Father, Aunt, Uncle, Grandparent, etc.

STUDENT HAS BEEN A BROWARD RESIDENT FOR AT LEAST 2 YEARS _____ YES _____ NO

HIGH SCHOOL & POST SECONDARY DATA

Name of High School _____ Graduation Date: Month _____ Year _____

Name of post-secondary school you plan to attend. If unknown, list school(s) in which application(s) for admission have been sent.

_____ 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: Full-time Part-time

Living Arrangements: On campus Off campus Commute from home

Major or course of study _____ Anticipated date of graduation _____
Month/Year

FINANCIAL DATA

STUDENT IS ELIGIBLE FOR SCHOOL'S FREE LUNCH PROGRAM _____ YES _____ NO 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 (only if you filed)* income tax return and a copy of *your parent's or legal guardian's* income tax return for the 2011 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 2011, 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 2011. If you or your parent/guardian received social security benefits or welfare benefits (including TANF payments) in 2011, you must provide documentation of benefits received.

Have you filed a 2012-2013 Free Application for Federal Student Aid (FAFSA)? _____

Have you received notice of any financial aid? _____ 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

CERTIFICATION AND SIGNATURE

All of the information on this form 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

Applications, essays, letters of recommendation and income tax forms **WILL NOT BE ACCEPTED AFTER** the application deadline date.

Because we need to make copies, **use only paper clips**. Materials should not be bound, inserted in protective sleeves or prepared in other types of notebook or folder form.

All applicants will receive written notification of their award status by June 2012.

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

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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 20, 2012.**

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.

Name of Reference – Please print Title () Daytime Phone #

Signature of Reference Date

Address City State Zip

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Intellectual Ability	_____	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____	_____
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