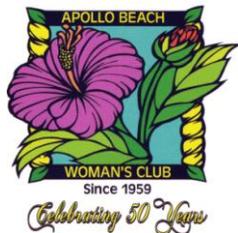


Graduating Student Application

2017-18 Scholarship Criteria

ABWC Scholarships Available



The mission of the **Apollo Beach Woman's Club** is to make scholarship funds available and award these funds according to the criteria listed below.

The **ABWC Scholarship Committee** will award scholarships based on the following criteria, each applicant must:

1. Must live in Apollo Beach resident (zip code 33572)

Provide proof of residency with a copy of current driver's license or utility bill.

2. A 2018 High School Graduate who has been accepted as a full time student to a two or four year college or university in the State of Florida

3. Financial need considered

Attach a signed copy of the 1st and 2nd pages of IRS Form 1040 from your parent's 2017 tax return

(Note: the social security numbers should be omitted or blackened out)

4. Demonstrate Academic Standing

a. Class Rank

b. Have a GPA of 2.5 (or better) on a 4 grade point scale

c. Best composite **ACT** score of 22 or

d. Best combined **SAT** Score (math & reading) 1020

5. Achieve Community Service –75 hours (or more)

6. Demonstrate involvement in school related and extra-curricular activities, detailing leadership roles.

An online copy of the scholarship application is now available

www.apollobeachwomensclub.com

If you are interested in applying for the ABWC Scholarship, download & complete the application.

Deadlines:

The scholarship application deadline dates will match the East Bay and Lennard High School application deadlines.

The completed application must be delivered to school counselor.

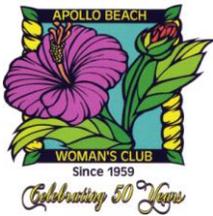
If you are attending a different area high school other than East Bay or Lennard, your application with attachments must be emailed or postmarked no later than March 9th to:

Jeanette Doyle, ABWC Scholarship Committee Chair

903 Chipaway Dr. Apollo Beach, FL 33572 or

Email: apollobeach5@gmail.com

Text or call: 813.310.8738



www.apollobeachwomansclub.com

APOLLO BEACH WOMAN'S CLUB SCHOLARSHIP APPLICATION for 2018 Graduates

The application deadline is your high school scholarship application deadline, if attending East Bay or Lennard High School. This completed application must be **delivered to the college and career counselor**. If not, the completed application should be postmarked or emailed to scholarship chair by March 9th.

Criteria: Applicant must reside in Apollo Beach, Florida 33572 and attend a 2 or 4 year college or university accredited in the State of Florida. (**Note:** please refer to criteria page for more information)

Student Application

1. **Please enclose proof of residency** (copy of your current driver's license or utility bill) & attach a current photo of yourself

Name of Applicant: _____
Street Address: _____
City/State/Zip Code: _____
Telephone #s: land-line _____ cell # _____
Email address: _____

2. **Verification of Family Income** (Please indicate on the appropriate line, the family's 2017 income)

(father's name) Wages: \$ _____/yr. Employer: _____
(name/address)

(mother's name) Wages: \$ _____/yr. Employer: _____
(name/address)

Attach a signed copy of the 1st and 2nd pages of Form 1040 from your parent's 2017 tax return;
Please omit or blacken out social security numbers.

Parent/guardian – please explain any extenuating circumstances that will affect your family's yearly income causing financial hardship on the scholarship applicant. Please attach a separate signed statement.

Mark the number of dependents living at home or students away at college, including applicant, sibling(s) and/or other dependents.

____Adults ____Children at home ____College Student(s) ____Other

3. Student Finances

• Current Employer: _____ Position: _____

Length of Employment: _____ Wage or Weekly Income: \$ _____

• Past employment (year, hours per week, etc).

***YES OR NO**

- Do you plan to be employed while continuing your education? * _____
- Do you have a Florida Prepaid Scholarship? * _____
If yes, the name of the plan: _____ Value \$ _____
- FL Bright Futures * _____ If yes, the value? _____
HCC Dual enrollment? * _____ If yes, the value? _____
- Do you have a 529 Plan savings * _____ If yes, what is the value? _____

4. Please attach a copy of your Student Permanent Record Summary with grade point average.
(The record summary/transcript is available in your high school guidance office or college registrar's office.)

5. Academic Standing: High School and/or Higher Education Grade Point Average

Class Rank: _____ **Cumulative GPA** (on a 4 grade point scale): _____

Composite ACT Score: _____

Combined SAT Score: _____ (Math _____ ; Reading: _____)

6. College Application

Which Florida college (s), or university (ies) have you applied for admission to?

1. _____ date accepted: _____ **Tuition per year:** \$ _____

2. _____ date accepted: _____ **Tuition per year:** \$ _____

What have you decided as a major course of study? _____

Have you been granted other scholarship aid? __ Yes or __ No If so, give details. _____

Have you applied for **FASFA** (Free Application for Federal Student Aid)? _____

Or a CSS/Financial Aid Profile (non-federal financial aid)? _____

Do you intend to apply for financial aid at the college you plan to attend? __ Yes or __ No

If so, give details. _____

Have you reason to expect scholarship aid from any other source? __ Yes or __ No If so, give details.

Do you plan on participating in a four-year college ROTC program? __ Yes or __ No

If applicable, which program? _____

7. References

Please provide two **current** references:

one a school academic staff member and one a character reference not related to you

Please attach a copy of each recommendation letter.

1. (Faculty) Name/title or relationship _____

2. (Character, not related to you) Name/title or relationship _____

8. Community Service Hours – (Volunteer Organizations with hours and dates worked)

a. _____ b. _____

c. _____ d. _____

e. _____ f. _____

g. _____ h. _____

9. School Related Academic Activities

Indicate high school year by (1), (2), (3), (4)

Honors and Awards (State the nature of honor or award and year; thus: National Honor Society 3, 4)

a. _____ b. _____

c. _____ d. _____

e. _____ f. _____

g. _____ h. _____

Offices and Positions of Leadership (State the name of the organization, position and year)

a. _____ b. _____

c. _____ d. _____

e. _____ f. _____

g. _____ h. _____

Member of Organizations where no office was held

(State name of the organization & year: thus Band 2, 3) **State only major activities**

a. _____ b. _____

b. _____ c. _____

d. _____ e. _____

10. School Related Extra Curricular Activities

Honors and Awards (State the nature of honor or award and the year: thus computer club 2, 3)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

Offices and Positions of Leadership (State the name of the organization, position and year)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

Member of Organizations where no office was held

(State name of the organization & year: thus Band 2, 3) **State only major activities**

- a. _____
- b. _____
- b. _____
- c. _____
- d. _____
- e. _____

11. Non-School Related Civic Activities

Honors and Awards (State the nature of honor or award and the year: thus 4-H 2, 3)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

Offices and Positions of Leadership (State the name of the organization, the position and the year)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

Members of Organizations where no office was held

(State name of the organization & year: thus Scouting, 4-H, etc) **State only major activities**

- a. _____ b. _____
- b. _____ c. _____
- d. _____ e. _____

Note: Please list additional honors & activities on a separate sheet

12. State your plans for enrollment in an accredited Florida college or university.

13. Applicant Statement

On a separate sheet of paper, please describe, in 500 or less words why you would like to be an **ABWC** scholarship recipient, need for financial aid, and other information that you believe would be of value in the selection process.

Verification Statement: I _____ *and* _____
(Print - Student's name) (Print Parent's name)

do hereby attest to the best of my knowledge that the above information is correct, and will be verified by Apollo Beach Woman's Club Scholarship Committee in fairness to all applicants.

Applicant Signature _____ Date _____

Parent Signature _____ Date _____

Note: Incomplete applications cannot be accepted.

This application must be returned to the East Bay or the Lennard High School's college/career counselor by their respective deadline, unless you are graduating from another Hillsborough County High School.

That application, with attachments, must be postmarked or emailed by March 9th deadline to Jeanette Doyle, Apollo Beach Woman's Scholarship Committee Chair 903 Chipaway Dr. Apollo Beach, FL 33572

If any questions, please email, text or call 813 310-8738.