



Graduating Student Application
2024-2025 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:

1. Eligible students must reside in Apollo Beach (33572) and/or are zoned to attend East Bay or Lennard High Schools

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

2. A 2025 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 2023 or 2024 (if available) 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 **3.00** (or better) on a 4.0 grade point scale
- c. Best composite **ACT** score of **24** or
- d. Best combined **SAT** Score (math & reading) **1100**

5. Achieve Community Service –75 hours (or more); **Work Experience** may count for some of these hours.

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 February 12 to:

Sharon Vasquez, ABWC Scholarship Committee Chair
870 Symphony Isles Blvd., Apollo Beach, FL 33572
Email: sharonivasquez@verizon.net; text or call 813-641-7856
www.apollobeachwomensclub.com



**APOLLO BEACH WOMAN'S CLUB
SCHOLARSHIP APPLICATION for 2025 Graduates**

The application deadline is your high school scholarship application deadline.

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 Feb. 12th.

Criteria: Applicant must reside in Apollo Beach, Florida 33572 and/or zoned to attend East Bay or Lennard High School. Student must 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 2024 income)

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

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

Attach a signed copy of the 1st and 2nd pages of Form 1040 from your parent's 2024 tax return; If your 2024 tax return is not available yet, please use 2023 tax return.

Show income for both parents. 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 Academic Scholars or FL Medallion Scholars * _____ If yes, the value? _____
HCC Dual enrollment? * _____ Number of credits earned _____
- Do you have a 529 Plan savings * _____ If yes, what is the value? _____

4. Please attach a copy of your Student Permanent Record Summary (one page) with grade point average. You do not need to attach the complete transcript.

(The record summary is available in your high school guidance 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(ties) have you applied for admission to?

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

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

Have you applied for **FAFSA** (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: (1 school academic staff member; 1 character (no relation 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. Academic /Extracurricular Activities (Please state offices/positions of leadership.)

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

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

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

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

11. What is your prospective major(s)? Why did you select this major?

12. Applicant Statement

On a separate sheet of paper, please describe in 500 words or less 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 Feb. 12 deadline to

Sharon Vasquez, Apollo Beach Woman's Scholarship Committee Chair,

870 Symphony Isles Blvd., Apollo Beach, FL 33572

If any questions, please email sharonlvasquez@verizon.net; text or call 813 641-7856.