



Application

DEADLINE: Tuesday, March 31, 2017 by Noon
Return to your High School Guidance Counselor
Incomplete applications will not be considered.

Please print neatly. Use black or blue ink only. PLEASE USE ONLY THE SPACE PROVIDED – DO NOT WRITE ON THE BACK and DO NOT ADD SHEETS.

Adult(s) completing application: _____ Date: _____

SECTION A — STUDENT IDENTIFICATION INFORMATION

Student's Full Name _____

Nickname _____ (Example: Tasha instead of Natasha)

Date of Birth: ___/___/___ Gender: ___ Male ___ Female U.S. Citizen: ___ Y ___ N
Student must be a United States Citizen or permanent resident alien, or the dependent of a U.S. citizen or permanent resident

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Student E-mail(s) _____ Student School ID # _____

How long have you lived in Florida? ___ year(s), ___ month(s)

How long have you lived in Charlotte County? ___ year(s), ___ month(s)

School _____ Grade _____ Age _____

How do you get to school? ___ Bus ___ Walk ___ Ride Bike ___ Car

Is English a second language for the student? ___ Yes ___ No

Student will be first in family to attend college? ___ Yes ___ No

— For Office Use Only —

Eligibility Verified?	Grades Verified?	Interview?	Interview Scheduled?	Accepted?
___ Yes _____	___ Yes _____	___ Yes ___ No	___ Yes _____	___ Yes ___ No ___ Wait List

SECTION B — HOUSEHOLD INFORMATION

To be completed by the PARENT(S) or GUARDIAN.

Mother/Guardian _____
 _____ (Last) (First) (MI)
 Date of Birth ____/____/____ Last Grade Completed in School _____

Father/Guardian _____
 _____ (Last) (First) (MI)
 Date of Birth ____/____/____ Last Grade Completed in School _____

Applicant lives with: Mother Stepmother Grandmother Guardian Father
 Stepfather Grandfather Ward of Court Other

Number of brothers _____ Number of sisters _____

Please list **ALL** persons other than student/applicant living in the home, including parent(s), step-parent(s), and other person(s), whether they are a relative or not:

<u>Name</u> <i>(First and Last)</i>	<u>Age</u>	<u>Relationship</u> <i>(to student)</i>	<u>Highest Level of Education Completed*</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list brothers and/or sisters living outside the home:

<u>Name</u> <i>(First and Last)</i>	<u>Age</u>	<u>Brother/Sister</u> <i>(to student)</i>	<u>Currently Attending School</u>	<u>Last Grade Completed*</u>
_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	___ Yes ___ No	_____

*Required

SECTION C — EMPLOYMENT/FINANCIAL INFORMATION

To be completed by the PARENT(S) or GUARDIAN. **Finances for ALL adults living in the household must be reported.**

You **MUST** attach a copy of your most recent federal income tax return/Form 1040. If you had no reportable income in the last year, you must submit a copy of your official non-filing statement, an SSI award letter for all household recipients, welfare benefits award letter, section 508 housing allowance award letter, or other form of federal or state-sanctioned income verification. **W-2 forms are NOT sufficient documentation of income. Because of the large number of applicants, if this information is not included as stated above, the student will be disqualified and receive no further consideration for the scholarship.**

Current Employer

Your Name _____

Employer _____ Occupation _____

Address _____ Phone _____

How long? ____ year(s), ____ month(s) **Monthly Salary (Gross) \$** _____

Current Employer

Name _____

Employer _____ Occupation _____

Address _____ Phone _____

How long? ____ year(s), ____ month(s) **Monthly Salary (Gross) \$** _____

If parent /guardian is unemployed, please explain circumstances – why, how long, etc.

If parent/guardian is unemployed, is that parent/guardian in training or rehabilitation to become employed? Yes No
Explain:

What is the total monthly household income? \$ _____
What is the total annual household income? \$ _____

Include combined
← income of all adults
in household.

BENEFITS RECEIVED DURING LAST CALENDAR YEAR.

Do you receive income from any other source (i.e. social security, child support, cash gifts from friends/relatives, pension, alimony, veteran's benefits, worker's compensation, unemployment compensation, etc.)? ____ Yes ____ No

If yes, please list type of support and amount per month

_____ \$ _____
_____ \$ _____

Have you received any of the following in the past 6 months?

- Welfare Transition (WAGES) assistance
- Food Stamps
- TANF dollars (Temporary Cash Assistance)
- Medicaid
- Meal program at your child's school — Free Reduced
- Social Security Income (SSI)
- Social Security Disability Income (SSD)
- Section 508 Housing
- Other _____ (*please explain*)

Does the student and/or the parent/guardians have a savings account, 401(k), rental property or other type of assets or investments? Yes No

Total approximate value: \$ _____

Do you own your own home? Yes No Purchase price? \$ _____

If yes, what is amount of your monthly payment? \$ _____

Do you rent? Yes No

If yes, what is amount of your monthly payment? \$ _____

Is this payment made to a friend or relative? Yes No

I understand that information from this application and the required documentation will be shared with outside sources for determining scholarship recipients.

Parent/Guardian Signature: _____

MEDIA RELEASE FORM

I, the undersigned parent or legal guardian of _____, hereby grant, authorize and consent to allow the Charlotte Local Education Foundation or their designees, including without limitation, members of the media, permission to photograph and obtain biographical information concerning the minor child listed above. This permission to photograph includes portraits, pictures, or video tapes, which may, in whole or in part, be used in conjunction with the Suncoast Credit Union Foundation scholarship and Charlotte Local Education Foundation. I hereby authorize Suncoast Credit Union and Charlotte Local Education Foundation to give a copy of my child's photograph and biographical sketch to any sponsor or media representative as the program requires.

I hereby waive any right that I or my child may have to inspect and approve the portraits, pictures, videotape, or biographical sketch, or the use for which they may be applied.

I hereby release, discharge and agree to hold harmless Suncoast Credit Union, Charlotte Local Education Foundation, representative(s), assignee(s), and employee(s) from any liability by virtue of any use whatsoever of said information, portraits, pictures, videotape, and/or biographical sketch.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date