



Applications should be postmarked no later than March 24, 2023

Mail directly to:

Charlotte Local Education Foundation

18150 Murdock Circle Bldg A, Rm 203

Port Charlotte, FL 33948

Or hand deliver by March 27, 2023 12:00 Noon

Please call Daniel Washington ext. 1796 if you have any questions about this application.

### SCHOLARSHIP APPLICATION

#### SECTION A: Student Identification Information

School \_\_\_\_\_

Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

(street, apt #, city, zip)

Student Phone #: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Student Race:  American Indian/Native American  Asian  Black/African-American  
 Caucasian  Pacific Islander/Hawaiian  Multiracial  
 Other \_\_\_\_\_

Student Ethnicity:  Is Hispanic

Is student a U.S. Citizen?  Yes  No

What is student applicants GPA \_\_\_\_\_

**SECTION B: Household Information**

Mother \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (Last, First, MI)

Date of Birth \_\_\_\_\_ Last Grade Completed in School \_\_\_\_\_

Father \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (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 living in the home other than student/applicant:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Highest Level Of Education Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Independent siblings living outside the home:

<u>Name</u>	<u>Age</u>	<u>Brother/Sister (check one)</u>	<u>Currently Attending School</u>	<u>Last Grade Completed</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**SECTION C: Employment Information**

Parent/Guardian's Current Employer

Name of Parent/Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
(street, city, zip)

Number of years with Current Employer: \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_  
(before taxes and deductions)

Parent/Guardian's Current Employer

Name of Parent/Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
(street, city, zip)

Number of years with Current Employer: \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_  
(before taxes and deductions)

**SECTION D: Financial Information**

What is your household income? \$ \_\_\_\_\_

Are you eligible to receive any social service? (food stamps, Medicaid, etc.)  Yes  No

Please check the services you currently receive:  Welfare  Food Stamps  Medicaid

Are you currently receiving assistance from your local Workforce Development Office?  Yes  No

Do you receive income from any other source for this student/applicant? (Social Security, child support, etc.?)  Yes  No

If Yes, please list type of support and amount per month: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you or the student/applicant have a savings account?  Yes  No

Approximate balance: \$ \_\_\_\_\_





- Extended family in home
- Parents did not graduate from high school
- More than two siblings
- Student applicant is teen parent
- Parent was teen parent
- Family has received TANF benefits within last year
- Student will be first in family to attend college
- English not spoken in student's home
- Parental loss of employment within last year
- Family is homeless or living with extended family or friends
- Home in foreclosure
- Serious illness in household
- Disabled student or family member
- Student is or has been in foster care

I understand that the information contained in this application is accurate and will be shared with the selection committee. I understand that any false information in this application may result in my child losing his or her eligibility for the scholarship.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

**For Official Use only:**

Application reviewed by staff	<input type="checkbox"/>	<input type="checkbox"/>	
_____ Staff Signature	_____ Staff Title	_____ Date	

**Questions: Call Charlotte Local Education Foundation  
at (941) 255-7500 ext 1796  
Daniel Washington, Associate Director**