



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	
	Social Security #
GradeDate 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 ☐ P	acific Islander/Hawaiian   Multiracial
☐ Other	
Student Ethnicity:   Is Hispanic	
Is student a U.S. Citizen? ☐ Yes ☐	□ No
What is student applicants GPA _	

S001 – 8/13

other(Last, First, MI)  ate of BirthLast Grade  ather(Last, First, MI)  ate of BirthLast Grade	e Completed i	n School		
ather(Last, First, MI)				
ate of BirthLast Grade		ociai Security #		
	Completed i	n School		
oplicant lives with: $\Box$ Mother $\Box$ Stepr	nother $\square$ Gr	andmother $\Box$ (	Guardian	□ Father
☐ Stepfather ☐ G	randfather [	☐Ward of Court		
☐ Other				
umber of brothersNumber of	of sisters			
ease list all persons living in the home of	other than stud	dent/applicant:		
		HighestLevel OfEducation		
<u>ame</u>	<u>Age</u>	Relationship		Completed
dependent siblings living outside the ho	ome:	Brother/Sister	Currently	<u>Last</u>
<u>ame</u>	<u>Age</u>	(checkone)	Attending School	<u>Grade</u> <u>Complete</u>
			□ Yes □	No
				No
				No
			□ Yes □	No
			□ Yes □	No

S001 – 8/13 2 of 6

Parent/Guardian'sCurrentEmployer	
Address of Employer:	
. ,	(street, city, zip)
Number of years with Current Employer:	Gross Monthly Salary(before taxes and deductions)
Parent/Guardian'sCurrentEmployer	
Name of Parent/Guardian:	
Employer:	
Occupation:	
Address of Employer:	(atmost aitmain)
	(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	e? (food stamps, Medicaid, etc.) $\square$ Yes $\square$ No
Please check the services you currently rece	eive: □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 support, etc.?) ☐ Yes ☐ No	ce for this student/applicant? (Social Security, child
If Yes, please list type of support and amoun	nt per month:
Do you or the student/applicant have a savi	ngs account? ☐ Yes ☐ No
Approximate balance: \$	

S001 – 8/13 3 of 6

Do you own you	r own home? ☐ Yes ☐ No
If yes, what is an	mount of your monthly payment? \$
f yes, how much	n did your house cost? \$
Do you rent? □\	Yes □ No If yes, what is amount of your monthly payment? \$
How long at curr	rent address?
	opy of most recent tax return Form 1040 (or other proof of income if taxes or copy of any public assistance received. (ie food stamps, Medicaid)
SECTION E: Stu	udent Information (to be completed by student).
	terests, strengths, hobbies or awards you have received (church, school, c experience, etc.) Please include your field of study or interest.
Student Statem	ent
Please tell us ab needed).	out your goals, aspirations and hopes for your future (attach another sheet if

S001 – 8/13 4 of 6

your goulo, acr	pirations and hopes for your child's future (attach another sheet if needed).
	pecial family situations that might be relevant to school success (serious illnesses of employment, HRS involvement, homelessness, etc.).
n the family, lo	ss of employment, HRS involvement, homelessness, etc.).
n the family, lo	apply:
n the family, lo  Check all that a  Single Parer  Deceased P	apply: arent
n the family, lo  Check all that a  Single Parer  Deceased P	apply:  at arent Parent
Check all that a  Single Parer  Deceased P	apply: arent
Check all that a Single Parer Deceased P Incarcerated Absent Pare	apply:  at arent Parent
Check all that a Single Parer Deceased P Incarcerated Absent Pare	apply:  arent Parent nt (no contact or support) s between biological parents

S001 – 8/13 5 of 6

☐ 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
Staff Signature Staff Title Date

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

S001 – 11/22 6 of 6