



Applications should be postmarked no later than March 22, 2024

Mail directly to:

Charlotte Local Education Foundation

18150 Murdock Circle Bldg A, Rm 203

Port Charlotte, FL 33948

Or hand deliver by March 25, 2024 12:00 Noon

Questions? Please call Daniel Washington (941) 255-7500 ext. 1796.

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: \$ _____

Do you own your own home? ☐ Yes ☐ No

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

If yes, how much did your house cost? \$ _____

Do you rent? ☐ Yes ☐ No If yes, what is amount of your monthly payment? \$ _____

How long at current address? _____

Please attach copy of most recent tax return Form 1040 (or other proof of income if taxes were not filed) or copy of any public assistance received. (ie food stamps, Medicaid)

SECTION E: Student Information (to be completed by student).

List activities, interests, strengths, hobbies or awards you have received (church, school, community, work experience, etc.) **Please include your field of study or interest.**

Student Statement

Please tell us about your goals, aspirations and hopes for your future (attach another sheet if needed).

SECTION F: Parent/Guardian Statement (To be completed by parent(s)/guardian(s))

Apart from financial considerations, how could this program benefit your child? Please include your goals, aspirations and hopes for your child's future (attach another sheet if needed).

Please list all special family situations that might be relevant to school success (serious illness in the family, loss of employment, HRS involvement, homelessness, etc.).

Check all that apply:

- ☐ Single Parent
- ☐ Deceased Parent
- ☐ Incarcerated Parent
- ☐ Absent Parent (no contact or support)
- ☐ Poor relations between biological parents
- ☐ DCF involvement
- ☐ First generation college graduate

- ☐ 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, Executive Director**