Academic Year 2020 to 2021



SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIORS Hollywood Florida Scholarship Foundation

P.O. Box 817616, Hollywood, Florida, 33081-1616

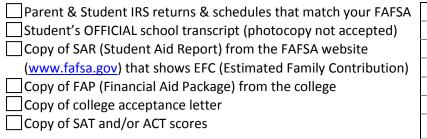
NAME O	F APPLICANT
HOME ADDRESS (Your Legal Residence)	
HIGH SCHOOL	COLLEGE / UNIVERSITY
PERSONAL EMAIL ADDRESS	UNIVERSITY EMAIL ADDRES

SECTION 1: CRITERIA AND REQUIRED DOCUMENTS

Student applicant must meet the following criteria:

- 1. <u>IMPORTANT</u>: Must be a legal resident of Hollywood, Florida or Dania Beach, Florida.
- 2. Have demonstrated financial need, which can be verified by a current, complete IRS return, including any schedules, as well as an SAR (Student Aid Report) and FAP (Financial Aid Package).
- 3. Must have a minimum unweighted State high school GPA of 3.2, SAT of 1070 or ACT of 23, and have worked or exceptional community service.
- 4. Must be accepted at an accredited 4-year college or university.
- 5. First time applicant must be a high school senior or have previously applied as such.

Photocopies of the following are required:



OFFICE USE ONLY			
Student IRS		FAP	
Mother IRS		SAR	
Father IRS		EFC	
IRS Schedules		Grades Spring	
ACT/SAT Scores		Grades Fall	
College Acceptance Letterj			

Completed application must be postmarked by April 10, 2020 for high school seniors. Send applications to the PO Box address at the top of this page. All data treated confidentially.

SECTION 2: STUDENT AND FAMILY INFORMATION

STUDENT APPLICANT (A	Print):	
	City:	FL Zip Code:
	Mobile Phone:	
Date of Birth: Mo	DayYear What is your expected month/year	of University graduation
Is student a U.S. Citizen?	Yes No If no, what is student's visa status and are you	a eligible for Federal Financial Aid?
PARENTS: (Student Lives	with) FATHER STEPFATHER MOTHER	STEPMOTHER OTHER
Check any that apply:		dent has legal guardian (not parents) ces Exist Enclosed Explanation
FATHER: Name:		
Home Address:	Age:	Tel:
Occupation:	Title:	
Employed by:	Address:	
Years with company:	Do you have a retirement plan in addition to Soc	ial Security? Yes No
If not employed, do you hav	ve independent income? Please explain:	
MOTHER: Name		
	Age:	
	Title: 750	
	Address:	
	Do you have a retirement plan in addition to Soc	
	ve independent income? Please explain:	
STEP PARENT OR GUA	RDIAN: Name:	
Relationship to Student App	olicant:	
	Age:	
	Title:	
	Address:	
	Do you have a retirement plan in addition to Soc	
	ve independent income? Please explain:	
SIBLINGS:		
	ending college:	
Have you or any siblings bee	en awarded a scholarship from us?:	
If YES, please name student	(s) and Year(s):	
Are you the first person in y	vour family to attend college? Yes No	
SECTION 3: STUDI	ENT'S FINANCIAL INFORMATION	
College:	Your Upcoming Year in School:	FR SOPH JR SR
	Four operating real in school.	
		(continued)

(continued from prior page, "Student's Financial Information")

STUDENT APPLICANT'S EXPENSES FOR THE COMING YEAR:				
Tuition and Fees:\$				
Will you be living on campus? YES NO Student's Room and Board:				
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STUDENT APPLICANT'S ESTIMATED AVAILABLE RESOURCES FOR THE COM	ING YEAR:			
Resources from Parents:\$				
Savings from your Earnings: \$				
Grants or Scholarships (applied for): \$				
Do you have a Florida Prepaid College Fund? YES NO If yes, what is the value \$				
Any other Sources (list): \$				
TOTAL RESOURCES/FUNDS AVAILABLE: \$_				
DIFFERENCE BETWEEN EXPENSES AND RESOURCES: \$				
If you have unmet financial need, are you willing to take a loan?				
,				
STUDENT APPLICANT'S ASSETS AND BENEFITS:				
Do you currently work? YES NO				
Do you plan to work while in university?				
What are your plans for this summer?				
Savings: \$ Other (endowments, trusts, inheritance, investments): \$	\$\$			
Governmental assistance of any type (social security, etc.)	\$\$			
Any other income:				
Signature of Student Applicant:	Date:			
SECTION 4: PARENTS' / GUARDIANS' FINANCIAL INFORMA	TION			
DADENITS' ACCETS & LIADULTIES.				
PARENTS' ASSETS & LIABILITIES:				
HOME:				
If Owned, What is Your Unpaid Mortgage Principal: \$ and Monthly Mortgage Payment: \$				
If Rented, What is your Monthly Rent Payment: \$				
Do you Own All or Part of a Business? YES NO Please explain:				
OTHER REAL ESTATE, CURRENT ESTIMATED MARKET VALUE:				
Hotel/Motel: \$ Apartment: \$ 2 nd Home \$ Ur	nimproved Acreage: \$			
Please explain:				

(continued)

(continued from prior page, "Parents'/Guardians' Financial Information")

PARENTS'/GUARDIANS' SAVINGS ACCOUNT: PARENTS'/GUARDIANS' CHECKING ACCOUNT: PARENTS'/GUARDIANS' RETIREMENT ACCOUNT: (IRA, 401K, 403B, 457, or other retirement/pension acct)_	\$ \$ \$
OTHER INVESTMENTS (Itemize and Give Dollar Amounts):	\$ \$ \$
PERSONAL / BUSINESS LOANS, EXPLAIN:	
PARENTS' SIGNATURE: Date:	

(Signature of Both Parents or Guardians):	Date:

SECTION 5: STUDENT APPLICANT ESSAY

name on the essay, and attach it to this application.

Confidential

Write an essay about yourself. Include what you have accomplished and why you are applying for this scholarship. Include any involvement in community activities, leadership positions, organizations, clubs, employment. Describe any special circumstances. **Submit your typed essay on a separate piece of paper**, <u>please include your full</u>

Optional: Attach Recent Wallet Size Photograph

About Us...

We are the Hollywood Florida Scholarship Foundation, Inc. (HFSF), a 501(C)(3) non-profit organization which provides college scholarships to deserving high school seniors residing in Hollywood, Florida and Dania Beach, Florida, to help finance their pursuit of higher education. Since 1963, the Foundation has provided more than three (3) million dollars in scholarship aid to more than 3,000 students.

The Foundation works closely with the guidance department of each high school. Students are interviewed personally by at least two qualified members of our organization. Proceeds from all fund-raising endeavors are used to aid those students who have qualified for scholarships. Donations go directly to the students' educations. <u>We welcome special grant money from personal foundations, trusts, and businesses to assist worthy students</u>.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. www.FloridaConsumerHelp.com - 1.800.HELP.FLA (435.7352) Registration # CH3995 EIN # 59-10573332