

## 2019-2020 STUDENT APPLICATION

*Thank you for applying for a Champions For Learning Alumni Scholarship*

**Application deadline is September 30, 2019 by 5:00 p.m**

**Champions For Learning Alumni Scholarship** recipients receive:

- A Florida Prepaid 2-Year Florida College Plan. Depending on the choices you make, there will likely be additional tuition/fee expenses. This scholarship does **not** include room, board, books, travel or other incidental costs and expenses—these are the responsibility of the student.

### **Are you eligible?**

- Remained drug and crime-free
- Maintained at least a 2.5 cumulative college GPA
- Maintained at least 75% Satisfactory Academic Progress (SAP)
- Completed a FAFSA every year
- Submitted a transcript to Champions For Learning each semester
- Attended all required Champions For Learning meetings
- Successfully completed at least 45 credit hours by the due date of this application, using their current Florida Prepaid 2-year Florida College Plan
- Completed the Florida Prepaid Annual Survey every year
- Not previously awarded this Alumni Scholarship (you may apply multiple times, but may only receive this scholarship once)

### **Application Instructions:**

Attached is an application for the Champions For Learning Alumni Scholarship. The information in this application will be used to determine your eligibility. Therefore, please answer the questions honestly and thoroughly. Your information will remain confidential and will only be seen by a community-based selection committee.

### **Application Check List:**

Please ensure that your scholarship application contains all the following items:

1. \_\_\_\_ Completed application including all short answer and essay question responses
2. \_\_\_\_ A copy of first page of student's 2019-20 FAFSA Student Aid Report (SAR).
3. \_\_\_\_ **Official** college transcript (most recent) **\*\*Please note: this sometimes take two weeks to process\*\***
4. \_\_\_\_ Resumé (most recent)
5. \_\_\_\_ Signed application

*If the following are not applicable to your application, please indicate this along with the reason.*

6. \_\_\_\_ Letter of acceptance to a different college or university if transferring for a bachelor's degree
7. \_\_\_\_ Financial aid award letter from your current college for 2019-20

**Please contact Teri Distler at Champions For Learning at 643-4755 or [tdistler@championsforlearning.org](mailto:tdistler@championsforlearning.org), with any questions regarding the application. Thank you.**

**CHAMPIONS FOR LEARNING ALUMNI SCHOLARSHIP APPLICATION 2019-20**

**Please submit completed applications to Champions For Learning. Applications must be received no later than September 30, 2019 by 5:00 p.m. The applications may be dropped-off, mailed, faxed, or emailed.**

Please contact Tonya DuBois at 239-643-4755 or TDuBois@championsforlearning.org, if you have any questions about this application.

**SECTION A: Student Identification Information (Complete this section in blue/black ink or type)**

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

Date of Birth \_\_\_\_\_ Gender: Male Female

Address \_\_\_\_\_  
Street, Apt # City, Zip

Student Phone # \_\_\_\_\_ Personal Email \_\_\_\_\_

College Email \_\_\_\_\_

Student Race: American Indian/Native American \_\_\_\_\_ Asian \_\_\_\_\_

Black/African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Pacific Islander/Hawaiian \_\_\_\_\_

Multicultural \_\_\_\_\_ Other \_\_\_\_\_

Student Ethnicity: Hispanic Non-Hispanic

Current college or university \_\_\_\_\_

Do you intend to transfer to complete a bachelor's degree? Yes No

If yes, which college or university and what is your (anticipated) start term?  
\_\_\_\_\_

If you plan to transfer have you applied? Yes No N/A

Were you accepted? Yes No In progress N/A

Please list any scholarships you are receiving for the 2019-20 year. (Bright Futures, community-based scholarships, institutional scholarships, etc.)

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**SECTION B: Household Information (Complete this section in blue/black ink or type)**

Mother \_\_\_\_\_ Last Grade Completed in School \_\_\_\_\_

Father \_\_\_\_\_ Last Grade Completed in School \_\_\_\_\_

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>Last Grade</u>	<u>Age</u>	<u>Brother/Sister</u>	<u>School (Yes/No)</u>	<u>Completed</u>
<u>Name</u>			<u>Currently in</u>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all special situations that might be relevant to school success (serious illness in the family, financial struggles, family responsibilities).

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**Section C:**

**(On a separate sheet(s) of paper, type all questions and answers using 12-point type, single-spaced and printed one-sided)**

**Short Answers**

1. I am currently studying \_\_\_\_\_ with aspirations to become a \_\_\_\_\_.
2. How or why did you make the decision to pursue this major/career?

**Essay Questions**

1. What is your ideal job? Provide a detailed description of your ideal job (include the types of things you would be responsible for and other details important to you). What type of company would you be interested in working for (list at least one company/organization and your ideal location)?
2. Research and select a current event/issue and share how this relates to your major along with your long- and short- term college & career goals. Identify and discuss how your career path would contribute to this current event/issue.

**I understand that the information contained in this application is accurate and will be shared with the selection committee and the implementers of the program. I understand that any false information in this application will disqualify me.**

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Student Signature

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Date

**AUTHORIZATION FOR INFORMATION RELEASE FORM**

I, the undersigned applicant, \_\_\_\_\_  
*(Student Applicant's Name)*

hereby grant, authorize and consent to allow Champions For Learning or its designees, without limitation, to have access to my college transcript, FAFSA Student Aid Report and application. This information includes, but is not limited to, the current and past GPAs, test scores, and financial information.

I hereby release, discharge and agree to hold harmless Champions For Learning representatives and employees from any liability by virtue of any use whatsoever of said information. I understand that this release is valid for the application period and if selected, the length of the time I am in the Champions For Learning Alumni Scholarship program.

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_