



Student Financial Services
Broward Futures Scholarship Application

SCHAPP
2009-2010
Academic Year

Scholarships are awarded and administered according to specific donor restrictions and established criteria. Your application will be reviewed and, if considered eligible, you will be recommended to the donor or responsible department. If you are selected to receive an academic scholarship, you will be notified.

NOTE: You must be a U.S. citizen or an eligible noncitizen. Each year you must apply for financial aid by completing a Free Application for Federal Student Aid (FAFSA) (except for international students) and submit a scholarship application. You must have a completed financial aid file and be enrolled in at least (6) credits and maintain at least a 2.0 GPA. You must also be degree seeking up to 75 credits to be considered for this scholarship. All students must have a valid high school diploma, be a GED recipient or home-school graduate. You must take a 3-Credit Student Life Skills (SLS) course within three terms of enrollment

Student Information

Date
First Name Middle Initial Last Name Student ID #
Date of Birth Preferred Contact Number
Local Street Address
City/State/Zip
Home Phone Work Phone Cell Phone

College Major Campus Attending

Are you a resident of Florida? Yes No If yes, how long?

Name of High School College Diploma? Yes No GED? Yes No

Are you a first-generation college student? Yes No

(A first-generation college student is defined as an individual both of whose parents did not complete a baccalaureate degree; or in the case of any individual who regularly resided with and received support from only one parent, an individual whose only such parent did not complete a baccalaureate degree.)

Are you an international student? Yes No Country of Origin

Status: Freshman Sophomore Junior Senior Credit Hours Earned

Is student involved in a mentoring program Yes No

If you answered yes to the question above, please fill out the line below and submit a Certificate of Completion of a youth mentoring program along with this application.

Name of Mentoring Program

**To qualify as a recipient of a Broward Futures Scholarship which is awarded based on verifiable financial need, you have to meet two or more of the following factors to be considered At Risk:

Table with 2 columns listing factors for scholarship consideration: Successfully completes a prevention/treatment program, Lives with a guardian or foster parent, Lives with a relative (non-parent), Lives with a parent with Limited English Proficiency (LEP), Lives with a parent who did not graduate high school or GED, Homeless or lives in a shelter, Lives with single parent (divorced, widowed, widower), Has a parent or sibling who is incarcerated, Displays behavioral issues, as identified by intervention in schools or communities, Parent of a dependent child, First Generation in College.

Dear Student Applicant:

Please write a short statement about yourself in the paragraph below. You may include economic hardship or extenuating circumstances you are facing, educational aspirations, career goals, family background, obstacles overcome, community service activities, and any other special circumstances you wish to be considered. You may attach a second sheet, if necessary.

Student Acknowledgement and Consent

- ❖ I agree that, upon accepting funds made available from Broward College Foundation through the college, I will abide by the criteria set by the donor and rules for receiving the scholarship established by the foundation. I understand that these funds may be awarded annually but distributed by term. I will continue to abide by the established criteria to be eligible for continued award. I also understand that if I interrupt my college career the scholarship I previously received may not be available to me. After receiving the scholarship, I further agree to allow information regarding my transcripts, grades, scholarship information and application to be released to donors, and agree to limit my contact with donors to activities approved by the foundation.

Student's Signature _____ **Date** _____

Parent / Guardian Information

Name: _____ Employer: _____
Address: _____ Position: _____
Phone: (Home) _____ (Cell) _____ Email: _____

Additional Family Information

- Does the student have one or more dependent children? Yes No
- Does student live with: Parent Guardian Homeless Other
- If other, please give name and relationship _____
- Does student reside in a single parent household? Yes No
- Is parent / guardian English proficient? Yes No
- If no, what is their primary language? _____
- Parent / Guardian Education Level:
 Did not complete high school 2-year college Professional / Technical Training
 HS graduate or GED 4-year college
- Is a parent or sibling currently incarcerated? Yes No

Parent / Guardian Acknowledgement and Consent

- ❖ I would like this student to be considered for the Broward Futures Scholarship. I give the selection committee authorization to access all records pertaining & related to the student's eligibility for this scholarship. I understand the student is expected to satisfy all of the conditions of the Broward Futures Student Program Selection Criteria prior to being selected and throughout the scholarship program.

Student Name (print) _____

Parent / Guardian (print) _____

Signature of Parent / Guardian _____

Date Signed _____

FOROFFICE USE ONLY
Action Taken/Comments

_____ Adviser _____ Date _____

_____ Adviser _____ Date _____