



ChairScholars Application 2013-2014

Please Review the requirements below before you start the application

Special Requirements:

- Proof of Income is required before selection into program
- Presently have and maintain at least a 2.5 Grade Point Average
- Qualify for Free/Reduced Lunch in Hillsborough County Public Schools
- Must agree to meet with a mentor once a week at your school site
- Must sign an agreement to stay in school while remaining drug and crime free
- Must provide copy of the student's Social Security card
- Qualified Disabilities:
 - Cerebral Palsy
 - Muscular Dystrophy
 - Spinal Cord Injuries
 - Amputations
 - Congenital missing or shortened limbs
 - Multiple Sclerosis
 - Profoundly Deaf
 - Blind
 - Various forms of cancer
 - Other illnesses, diseases or conditions that severely impair mobility or motor skills
 - Any condition that permanently places the student in a wheelchair
- Documentation of physical challenge required



Hillsborough Education Foundation ChairScholars Scholarship Application 2013-2014

STUDENT NAME:

Last	First	Middle
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SOCIAL SECURITY NUMBER: _____ - _____ - _____ **STUDENT ID. NUMBER:** _____
(Required - copy of social security card must be submitted with application)

MAILING ADDRESS:

P.O. Box (if applicable) or Number	Street	Apt. #	City	Zip (required)
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RESIDENCE ADDRESS: (if different than mailing address)

P.O. Box (if applicable) or Number	Street	Apt. #	City	Zip (required)
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PHONE NUMBER: HOME _____ CELL PHONE _____

E-MAIL: _____ **BIRTH DATE:** ____/____/____

RACE: _____ White, Non-Hispanic _____ Black, Non-Hispanic _____ Hispanic _____ American Indian _____ Asian/Pacific Islander _____ Alaskan Native _____ Multi-racial _____ Other	GENDER: M / F (circle one) FOSTER HOME: _____ Yes _____ No MIGRANT/FARM WORKER: _____ Yes _____ No
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2013/2014 School Attending _____ **Grade Currently Enrolled In** _____

FAMILY INFORMATION - Required for All Student

Name of Primary **Parent/Guardian:** _____

Employer: _____ **Position:** _____

Name of Second Parent/Guardian : _____

Employer: _____ **Position:** _____

Annual Total Family Income (gross) \$ _____ *** (Required)**
*** proof of income must be submitted with application (Most recent Tax Return 1040, SSI or Disability paperwork)**

Number of Dependents Living at Home (siblings and/or other dependents):

Children: _____ Ages: _____ Others: _____ Ages: _____

Disability Information

Does the Student have a disability? If so, please describe (below):

Is the Student enrolled in a special degree program? (Circle Answer) Yes or No

Can you provide proper documentation regarding the student’s disability? (Circle Answer) Yes or No

- **If Yes, please attach the appropriate documents to this application or refer to page 3 of this application for contact information**
- **If proper documentation regarding the student’s disability is not provided, the student will be ineligible to receive this scholarship.**

<u>At-Risk Questionnaire</u>	<i>Please Circle Answer</i>
Do you live in a single parent/guardian household?	Yes or No
Are either of your parents currently, or have they even been incarcerated?	Yes or No
Has the Department of Children & Families been involved with your family in the past 12 months?	Yes or No
Do you have extended family (Uncles, Aunts, Grandparents, etc.) living in your home	Yes or No
Is your primary parent/guardian an extended family member?	Yes or No
Were either of your parents “Teen Parents”?	Yes or No
Has your family received TANF benefits from the State of Florida within the last 12 months?	Yes or No
Has either of your parents/guardians completed a college degree (2 year or 4 year)?	Yes or No
Has either of your parents/guardians graduated from High School?	Yes or No
Is anyone in your immediate family a Migrant Farm Worker?	Yes or No
Is English a 2 nd Language to you?	Yes or No
Are either of your parents/guardians unemployed?	Yes or No
Is your family’s current residence (home) in foreclosure?	Yes or No
Are you homeless or living with extended family or friends?	Yes or No
Does anyone in your household currently suffer from a serious/terminal illness?	Yes or No
Do you have 3 or more siblings who currently live with you?	Yes or No
Do either of your parents/guardians have a disability?	Yes or No
Do you (student) have a disability?	Yes or No

Are you currently in or have you ever been in foster care?	Yes	or	No
Do you have 3 or more siblings who currently live with you?	Yes	or	No
Does your bus ride to school take 30 minutes or longer?	Yes	or	No

SPECIAL: List your **3 most important** activities, awards, community / religious / athletic involvement. Include leadership positions held and the length of participation.

1. _____
2. _____
3. _____

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Personal Essay: Write an essay on the following topics. (Attach your essay to the Application)

1. Please describe the most character building experience of your life and explain the influence this experience has had on your character.

Student/Parent Responsibility for Submitting Application

1. ORIGINAL APPLICATION FORM
2. COMPLETED ESSAY (WRITTEN OR TYPED)
3. COPY OF STUDENT SOCIAL SECURITY CARD
4. COPY OF PROOF OF INCOME (2013 Tax Return 1040, SSI or Disability paperwork)
5. DOCUMENTS PROVING THE STUDENT HAS A DISABILITY

VERIFICATION OF APPLICATION

I certify that all information on this form is true to the best of my knowledge. I understand that this application is for consideration in the selection process of the scholarship for which I have applied. I further agree to give permission to have my transcripts and test scores attached to my application. Should I be selected as a scholarship recipient, I agree that a copy of my application may be given to the scholarship donor and that my transcript may be reviewed each semester. My name and photograph may be publicized as a scholarship recipient.

Parent / Guardian Signature (for K-12 students)

Applicant Signature

Return completed application to:
Hillsborough Education Foundation
2306 N. Howard Ave
Tampa, Florida 33610
ATTN: William Dailey
 Fax: 813-574-0299 Phone: 813-574-0264
 E-mail: wdailey@educationfoundation.com