



**Hillsborough Education Foundation
ChairScholars Scholarship Application Form
2009-2010**

NAME:

Last	First	Middle
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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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SOCIAL SECURITY NUMBER: _____ - _____ - _____ STUDENT I.D. NUMBER: _____
(Social security card will be required by graduation) (Required for grades K~12 only)

School Attending _____ Grade Currently Enrolled In _____

Worksite (for adult employee applicants only) _____

PHONE NUMBER: HOME _____ CELL _____

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

FLORIDA RESIDENT: _____ Yes _____ No

FAMILY INFORMATION - Required for All Student & Employee Applicants

Name of **male** head of household: _____

Employer: _____ Position: _____

Name of **female** head of household: _____

Employer: _____ Position: _____

Annual Total Family Income (gross) \$ _____*

* If you are selected for a scholarship, proof of income will be required.

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

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

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Grade Point Average (GPA) (where applicable) State Unweighted _____ District Weighted _____

Highest ACT Composite Score (9-12th graders only) _____ Last date taken _____

Highest SAT Composite Score (9-12th graders only) _____ Last date taken _____

<p>College / educational institution you plan to attend:</p> <p>_____</p> <p>_____</p> <p>Intended college major / vocational-technical program in which you plan to enroll:</p> <p>_____</p> <p>_____</p>
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Attach latest report card 2009-2010 School Year (required for grades 6-12)

_____ Full time adult education student (check if applicable)

English as a 2nd language _____ Yes ___ No

Parent/Guardian graduated from HS _____ Yes ___ No

Parent/Guardian completed a BA or beyond _____ Yes ___ No

Does either of your Parent/Guardian have a disability? _____ Yes ___ No

Parent/Guardian Unemployed _____ Yes ___ 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. _____

To be considered complete, an application must include the following items in order:

1. ORIGINAL APPLICATION FORM
2. FINAL SUMMARY SHEET THROUGH SUMMER 2009 - Grades 9-12 (Attach to original application)
 - PERMANENT RECORD CARD –Adult HS students only (Please staple to original application form)
 - LATEST REPORT CARD - Grades 6-10 (Please staple to original application form)
3. PERSONAL STATEMENT — Personal statement to be 500 words or less. In your statement, include the goals you plan to pursue and the importance of receiving this scholarship. Be sure to include any extenuating circumstances, which might contribute to your being a finalist.
4. To be considered, a brief description of your disability must be included in your personal statement.

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

Barbara Dick
Director of School Programs
Hillsborough Education Foundation
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Tampa, Florida 33610