



**Please answer the following questions:**

Do you own or pay rent on your residence? Own  Rent

What is the amount of your monthly payment? \$ \_\_\_\_\_

**Section V - The Student's Future Plans**

What college or educational institution do you plan to attend? \_\_\_\_\_

What is your intended major? \_\_\_\_\_

What are your three most important activities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section VI - Parent/Guardian Statement**

Apart from financial consideration, how could this program benefit your child? What are your hopes for your child's future?

Please include any special family situations that might be relevant to school success (serious illness in the family, loss of employment, Department of Children and Families involvement, homelessness, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Section VII – Additional Required Documents**

1. *Transcripts or report cards for the past 2 years.*
2. *A letter from a medical professional (a doctor or school nurse) describing in detail the severity of the physical challenge.*
3. *A one page essay outlining how you became physically challenged, how your situation has effected you or your family and also your goals and aspirations for the future.*
4. *One letter of recommendation from a teacher, guidance counselor or principal.*
5. *A current photo*

**Certification and Release**

I certify that all information contained in this application is true and correct and that all income information contained in this application is confidential and will be available upon request to only the ChairScholars selection committee and the implementers of the program. I understand that this information is being considered for a merit and need-based scholarship opportunity for students with physical challenges and that misrepresentation in applying may result in a loss of the scholarship opportunity.

If selected as a ChairScholars scholarship recipient, I authorize release of my name, likeness or voice to Pinellas County Education Foundation, Pinellas County Schools and the ChairScholars Foundation to be used, for promotional purposes in printed materials, television, radio, or electronic media. Such reproductions may be copied, copyrighted or edited.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_