

Give Kids A Chance 150 West Flagler Street Suite 2200 Miami, Florida 33130

Executive Director: Brian J. McDonough

SCHOLARSHIP CRITERIA

Give Kids A Chance is offering scholarship grants in the amount of \$1,000 to high school seniors planning to attend college. The scholarship will be offered to those students graduating from public high schools in the State of Florida. Students who are attending college and who have previously received a grant under this program will also be eligible to apply for additional grants for each year they remain in college and maintain a minimum grade point average of 2.5 on a 4.0 scale (but for no more than 4 years). However, the fact that such applicant may previously have received a grant under this program is no assurance that additional scholarship grants will be provided hereunder.

Requirements for scholarship:

- a. Must have a 2.5 average or above
- b. Must document financial need eligible students must have a family income which is less than 60% of the median income in the area in which they reside
- c. Demonstrate an interest in school and community activities
- d. Application must be received on or before April 30, 2015
- e. Two (2) letters of recommendations are required

Note: An incomplete package will not be considered. Therefore, please respond to each item requested. However, if one or more of the items requested is unavailable to you, note where indicated and this will be taken into consideration.

The following are key dates to note in "tracking" your application.

- Review process continues through April 30th, 2015.
- Mail award notifications to student and to high school on or about May 30th, 2015.
- \$1000 sent to award recipient (payable jointly to school and recipient) on or about August 20th, 2015.

(Please type or print). Name: ______ Last First Middle Address: _____ Street & Number City & State Zip Code EMAIL ADDRESS: Home Phone: Official School Name: School Address: ______Street & Number Zip Code City& State School Telephone Number: To Registrar: Please complete this section. Attach a copy of the candidate's transcript and his/her Scholastic Aptitude Test (SAT) results or American College Test (ACT) as well as any other achievements tests. This form and all supporting material must be received by April 30, 2015. Registrar's Name: _____ Phone Number & Extension _____ Candidate's Approximate Rank _____ in class of students. What percentage of the candidate's graduating class plans to attend a four (4) year college? Note: If no rank is available, please enclose information which allows the Scholarship Committee to assess the candidate's academic strength in relation to that of fellow applicants. Date: Mail this form and documentation to: Give Kids A Chance c/o Brian McDonough 150 West Flagler Street Suite 2200

Applicant: Fill out the top portion of this form and give it to your registrar for completion.

THE DEADLINE FOR RECEIPT IS APRIL 30, 2015

To:

Miami, Florida 33130

A.	Name: Last	First	Middle
B.	Mailing Address:		
		Number & Street	
	Telephone:		
	Area Code	Number	
	Cellular Telephone:		
	Area Code E-Mail Address:	Number	
C.	Is your native language English?		
	If not, state your native language		
Who	t is your intended major?		
vv 11a	t is your intended major?		
St			
State	your college preference		
State	1		
State	• •		
State	1	<u> </u>	
State	1	<u> </u>	
	1	<u> </u>	
Seco	1	<u> </u>	
Seco	1	<u> </u>	
Seco List	1	Location	
Seco List	1	Location	

Personal Information: (Please type or print)

1.

PARENTAL INFORMATION

A.	Current marital status of parents:			
	Single	Separated		
	Married	Widowed		
	Divorced			
B.	The total size of the parent's household during	ng 2014 – 2015 will be		
	Students presently in college O	ther dependent children		
	Ages of those at home			
	0 – 5 years 6 –10 years 11 –15 years	ears 16 – 18 years		
C.	Parent's Social Security Number(s): Mo	ther:		
	Fat	ner:		
D.		ts or guardian.		
E.	Social Security Benefits (do not include any education benefits)			
F.	Aid to Families with Dependent Children (AFDC or ADC).			
G.	Other untaxed income and benefits, i.e., Vet	eran's Benefits.		
I/We hereby	certify that the above financial information is tr	ue and accurate to the best of my/our knowledge.		
Parent Signat	tura(c)			
r arem Signa	ture(s)			
Printed Name				
I IIIIca I vaiii				
Date:				
Date.	Filing Instructions: Application Deadline –			
	Mail Information to:	Give Kids a Chance c/o Brian J. McDonough		
		150 W. Flagler St., Suite 2200 Miami, Florida 33130		

Student Data

1. Involvement

Describe what you consider to be the most important project or activity benefiting your school or community. Define the role you played in the project or activity. Use a separate sheet of paper if necessary.

2. Talent

Describe how you have used your talent or skill for the betterment of your school and community. Cite the contributions related to your major interest are first. (Use a separate sheet of paper, if necessary.)

3. Employment

Have you been involved in outside jobs that have contributed to the support or welfare of your family? Please explain.

4.	Honors
	List all honors, awards, or recognition received. (List the achievements related to your major interest area first.) Use separate sheet, if necessary.
5.	List anticipated scholarship, grants, etc.
6.	List those scholarships for which you have applied.
7.	Send two (2) BLACK AND WHITE PHOTOS of yourself. Will accept color photos.

Essay

In no less than 150 words, write about yourself, your education and carrier goals. How can this award help you to achieve these goals? Why should you receive this award?

Letters of Recommendation

(For Teacher or Community Representative)

Candidate's Name	
	Please Print or Type
Address	
Phone Number	
	ve Kids A Chance Scholarship. In order to complete
the application, two (2) letters of recommend the candidate's character, integrity, maturity	lation are required to assist the Committee in assessing y, and independence. Forward letters to:
	e Kids A Chance an J. McDonough
150 West Fl	agler Street, Suite 2200
Mian	ni, Florida 33130
This Application is due at the above address by	April 30, 2015.
Please complete and attach this cover sheet to y	our letter of recommendation.
Print Name:	Title:
Signature:	Date:
Subject taught or organization affiliation	
Length of time acquainted with applicant	