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|  |  |  |  | **Scholarship Application Form** |  |
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| Applicant Name: |  |  |  |  |  |  | Date of Birth: |  |
|  |  |  |  |  |  |  |  |  |  |
| Home Address: |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Home Phone: |  |  |  |  |  | Cell Phone: |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Email Address: |  |  |  |  |  |  |  |  |  |
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| Parent/Legal Guardian Name: |  |  |  |  |  |  |
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| Parent/Legal Guardian Address: |  |  |  |  |  |  |
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List Gross Annual Household Income and Source of Income (Work, Social Security, Child Support, etc.) *Please note that this* *information is subject to verification should you become a scholarship finalist.*

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|  |  | Are you eligible for free or reduced lunch? *Hillsborough County Public Schools will* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | *assist in determining free/reduced lunch eligibility status with parent consent as* | √ | Yes |  | √ |  | No |  |  | √ | Unsure |  |  |
|  |  | *secured by signature on scholarship form.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Are you a first generation college bound student (neither parent nor guardian completed college? |  | √ |  | Yes |  | √ |  | No |  |  |
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|  |  |  |  |  |  |  |  |  |  | **EDUCATION** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | High School Attending: |  |  |  |  |  |  | Graduation Date: |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | School Address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Cumulative |  |  |  |  |  | Name of College/University: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | GPA: |  |  |  |  |  | Name of Career/Technical Education Provider: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Major Career Goals: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  | **REFERENCES** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | *Please attach three (3) letters of recommendations, (excluding family members); only one academic recommendation.* |  |  |
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|  |  | Name: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Phone Number: |  |  |  |  |  | E-mail Address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Name: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Phone Number: |  |  |  |  |  | E-mail Address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Name: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Phone Number:  E-mail Address:

\*Essay must be typed, double-spaced and at least 500 or more words in length; video not to exceed 4 minutes in .mp4 format.

I certify that all information on this form is true and complete to the best of my knowledge. I provide consent for

the release of school information in order to verify the information contained in the application.

I grant Safe & Sound Hillsborough the unconditional right to use any form of my likeness or any statements made by me, or both, for any lawful purpose. The use of my likeness and any statements made by me may include, but is not limited to publishing, televising, broadcasting, webcasting and copyrighting. A lawful purpose may include, but is not limited to, educational news, trade or publicity.

Parent or Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Scholarship Application**

**PURPOSE:** Safe & Sound Hillsborough (S&SH) will award four (4) scholarships at the Violence PreventionConference, **SafeSummit’17,** in June 2017 to a resident graduating from each of the following zip codes:

33566, 33610,

33612, and 33598.

In addition to recognizing a sound record of achievement in his or her studies, this award will also include recognition of leadership in selecting a graduate who has taken initiative to improve quality of life for the greater community. Preference will be given to the first generation, college-bound students.

**SCHOLARSHIP INFORMATION:** S&SH will make available a one-time scholarship award in the amount of$1,000 to a qualified candidate in each of the identified zip codes who will attend an accredited two and/or four-year college or university or a career or technical educational provider. The award may be used for tuition, books and room and board.

**CRITERIA:** In making an award, the Scholarship Advisory Committee will use the following criteria:

Essay or video\*

Completed application form Letters of recommendation

Priority will be provided to those with demonstrated need.\*\*\*

Awardees will be notified in writing and may be invited to receive their award during **SafeSummit’17,** the S&SH Violence Prevention Conference scheduled on Saturday, June 3rd, 2017.

**ELIGIBILITY:**

Applicants must be a US Citizen or legal permanent resident alien and a high school senior residing in

33566, 33610, 33612, or 33598 who is graduating with the current graduating class. Applicants must have at least at a 3.0 GPA or better

Applicants with demonstrated financial need will receive priority.\*\* Applicants must submit essay or video as described below.

Applicants must attach three (3) letters of recommendations from the following individuals:

o Academic/School Representative

1. Any other non-family adult of the student’s choosing

(e.g. boss, religious leader, civic leader, etc.)

*\*\*Financial need will be indicated if household income falls below 200% of the U.S. Department of Health and Human Services Poverty Guidelines. \*\**

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**U. S. Department of Health and Human Services 2016 Poverty Guidelines**

**Financial Need Indicated at 200% of Guideline**

|  |  |  |
| --- | --- | --- |
| **# of Persons in Family** | **Poverty Guideline** | **200%** |
| 1 | $11,880 | $23,760 |
| 2 | $16,020 | $32,040 |
| 3 | $20,160 | $40,320 |
| 4 | $24,300 | $48,600 |
| 5 | $28,440 | $56,880 |
| 6 | $32,580 | $65,160 |
| 7 | $36,730 | $73,460 |
| 8 | $40,890 | $81,780 |

*For families/households with more than 8 persons, add $4,160 for each additional person*

**REFERENCES:** Include three (3) letters of recommendations, (excluding family members); only one academicrecommendation.

**ESSAY OR VIDEO:** Please address each of the following questions.

1. How do you describe a safe community?
2. How would you compare your community to your safe community description?
3. What does it take to make a community safe?
4. How do you plan to apply your future educational training toward creating a safe community?

Essay must be typed, double-spaced and at least 500 or more words in length. Applicants may opt to submit a video not to exceed 4 minutes in .mp4 format.

**AWARD TERMS & CONDITIONS:**

Parent or legal guardian must provide consent for the release of school information in order to verify

the information contained in the application.

Applicants must register as a full-time student within 6 months following date of high school graduation at any accredited two and/or four-year college, university or career/technical educational provider.

(Note: Proof of enrollment must be provided as funds will be distributed to the school.)

**HOW TO SUBMIT:** The application and all attachments can be uploaded to the S&SH website[(www.safeandsoundhillsborough.org](http://www.safeandsoundhillsborough.org/)), mailed or hand delivered and received no later than 5:00 p.m., Friday March 31st, 2017. All attachments must be submitted with the application at one time. Please use the following address:

Attn: Safe & Sound Hillsborough

Children’s Board of Hillsborough County

1002 E. Palm Ave., Suite 200

Tampa, FL 33605

**QUESTIONS:** Contact Safe and Sound Hillsborough at (813) 327-8317, Ext. 4020 or by Email atinfo@safeandsoundhillsborough.org.

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