

**Blanche Ely Scholarship Program
APPLICATION CHECKLIST**

Print Your Name _____ **Date:** _____

Please do not use white out on the application. Original application must be submitted; faxed copies are not acceptable.

Attach: Signed tracking form(s) from Brace Advisor or Guidance Counselor or Mentor indicating dates and times of quarterly meetings throughout 11th and 12th grade per Stanley G. Tate Stars Program.

STOP: Application will not be considered without the signed tracking form(s).

All adult household members (18 years of age or older) **must** sign the application.

Attach: Official High School Transcript (in a sealed envelope)

Attach: Two (2) letters of recommendation from either a teacher, BRACE Advisor, employer, minister or community leader.

Attach: Proof of confirmation for Free or Reduced Lunch Program.

Attach: One typed essay about yourself, your school activities, hobbies, career goals and why you should receive this scholarship (no more than 500 words, 12 pt. font).

Attach: Essay cover sheet (use attached form).

Attach: Conflict of Interest Form.

Attach: Copy of Scholarship and Pell Grant award letters, if applicable.

Attach: Copy of acceptance letters from universities, colleges, technical or vocational schools as applicable.

Attach: Copies of photo ID and Social Security Cards for **all** household members.

Attach: Copy of current 2 years income tax return with W2s for all household members employed over the age of 18 and/or 1099s.

Attach: Guardian for a minor (except foster children): Please provide official proof of guardianship.

Attach: Proof of citizenship/ resident alien. Copy of front and back of Alien Registration Cards (Green Card) if any applicant is not a citizen.

Attach: Copy of Birth Certificate for **all** household members.

Attach: Four (4) current payroll stubs for every working person 18 years or older in household.

Attach: Self-employed Requirements: An audited or un-audited financial statement of business income along with a signed statement from the self-employed giving anticipated net income for the next 12 months. If you are unable to provide this, one (1) of the following may be accepted: **a)** Signed and dated copies of prior three (3) years' tax returns along with a statement or affidavit of anticipated net income for the next 12 months; or **b)** Signed and dated statements of net income for the next 12 months from a bookkeeper or accountant.

Attach: If any household member is receiving Social Security or SSI Benefit, attach a current benefit statement for each person (Current benefit statements can be requested in person at your Social Security Administration Office).

Attach: Child Support must be reported for all children who are not living with both of their natural parents. For example, applicants who have children in the household and who are not residing with both natural parents must show that he/she is collecting the amount of court ordered support reported in the divorce/separation/child support agreement by providing a copy of the court order. If the applicant does not have a court order or if the applicant is not currently receiving the court order support, the applicant must show proof that he/she has recently opened a child support case (indicating case number) with the past 90 days at the Child Support Enforcement Office, State of Florida Department of Revenue (Telephone number 800.622.5437).

Attach: Proof of other income received by any household member, such as: Alimony, Unemployment benefits, Pension Benefits, or any other income you receive regularly.

Attach: A complete copy of the last **three months** bank statements, **for all** accounts that are open for **each household member**.

Attach: A copy of last month's statement for Retirement funds, IRA, State or other funds.

Attach: Proof of marriage, divorce, alimony, child support (If divorced, attach a copy of your Divorce Decree).

Attach: If any household member 18 or older is in school and working; a copy of current school registration showing how many credits they are taking.

This program is open to all without regard to race, color, sex, handicap, religion, familial or marital status, or national origin

Profile: The Blanche Ely Scholarship Program is Federally & State funded, therefore we request you to complete the following information for statistical purposes only.

Head of Household

Marital Status: Single Married Widow/Widower Divorced Separated

Citizen / Resident Alien: Yes No **Sex:** Male Female

Race/National Origin:

Black not Hispanic Origin White not Hispanic Origin Hispanic

Asian or Pacific Islander American Indian or Alaskan Native

Other (Specify) _____

Co-applicant

Marital Status: Single Married Widow/Widower Divorced Separated

Citizen / Resident Alien: Yes No **Sex:** Male Female

Beneficiary

Household Characteristics: Single Parent Two parent Extended family

Foster care Other (Specify) _____

Other Characteristics: Parent-Migrant/Farmworker Parent with disability

Beneficiary who is a single parent

OTHER HOUSEHOLD MEMBERS WHO LIVE WITH YOU:

Name	Date of Birth	Relationship to You	SS#	Income	Frequency

EMPLOYMENT INFORMATION: APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$

EMPLOYMENT INFORMATION: CO-APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$

NOTE: Attach additional sheets as necessary for all household members 18 years and over.

Student Name: _____

Other Sources of Income

(For ALL Household Members 18 and Over). List Business or, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, etc.)

Name	Type of Income	Gross Annual Amount
1.		\$
2.		\$
3.		\$
4.		\$
		TOTAL: \$

Do you own a business? ____Yes ____No

If yes, business Name and Address: _____

Do you own other properties? ____Y____N. If Yes, please specify_____

Assets and Asset Income

(For ALL Household Member s, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Etc.)

Type of Asset	Asset Value	Interest Rate	Annual Asset Income

Liabilities

(For ALL Household Members 18 or over, list credit card debt, auto, real estate and mortgage loans)

Type of Credit/Loan	Creditor's Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
5.			

Bank Name	Address	Phone	Fax	Account Number

CURRENT HIGH SCHOOL INFORMATION

Name of School: _____

Address (Number and Street) _____ City/State/Zip _____

Graduation Date – Month: _____ Year: _____

Name of High School Principal: _____ Phone Number: _____

Name of BRACE Advisor: _____ Phone Number: _____

Cumulative GPA: _____

COLLEGE ENTRY INFORMATION

College Entry Date – Month: _____ Year: _____

List colleges and universities you have applied to and attach copy of acceptance letter(s)

College/University	Accepted		Estimated College Fees		
	YES	NO	Yearly Tuition	Books/Supplies	Miscellaneous (include housing expenses)
1.					
2.					
3.					
4.					

What college or university are you planning to attend? _____

Please list scholarships, grants or assistance you anticipate receiving to fund your university, college or vocational/technical school expenses (attach copies of scholarship and grant award letters).

Scholarships/Grants		Student Loans	Family Contribution	State Prepaid College Fund	
Source	Amount			YES	NO
	\$	\$	\$	YES	NO
	\$				
	\$				
	\$				

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Pompano Beach to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained in this application may be made by the City of Pompano Beach from any source named in this application, as well as, banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of Pompano Beach may make copies of this letter for distribution to any party with which I (we) have a financial or credit relationship and that any party may treat such copy, including a faxed copy, as an original.

AGREEMENT

The undersigned understands that the intent of this application is for purposes of pre-qualifying only and does not guarantee acceptance or approval and no commitment is hereby made on the part of either the applicant or the City of Pompano Beach. We further understand that all information and documents provided with, and in association with this application, are public records and as such are subject to the State of Florida's public records laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my signature on this application.

Any intentionally false or fraudulent statement or supporting document will constitute cancellation of this application. The City of Pompano Beach is hereby authorized to verify any of the above information. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of Pompano Beach.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Federal law, U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies ... or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

PRIVACY ACT NOTICE

This information is to be used by the agency collecting it, or its assignees, in determining whether you qualify as a prospective scholarship recipient under the Blanche Ely Scholarship Program. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide this information may delay or result in rejection of your application. All information you provide is subject to Florida's public records laws.

Student's Name (Print or Type) X	Student's Signature X	Date
Other Adult's Name (Print or Type) X	Other Adult's Signature X	Date
Other Adult's Name (Print or Type) X	Other Adult's Signature X	Date
Other Adult's Name (Print or Type) X	Other Adult's Signature X	Date
Other Adult's Name (Print or Type) X	Other Adult's Signature X	Date
Other Adult's Name (Print or Type) X	Other Adult's Signature X	Date