



CITY OF GREENACRES
2010 SCHOLARSHIP APPLICATION

Deadline March 12, 2010 – 5:00 p.m.

Please return application to:
 City of Greenacres
 Human Resources Office
 5800 Melaleuca Lane
 Greenacres, FL 33463
 Phone No. 561-642-2011

The City of Greenacres is proud to announce the availability of six (6) \$1,500 Educational Scholarship Awards, with one (1) scholarship being awarded to an applicant who is an active athlete in memory of a former City employee, Denise Padgett, who was an athlete and enjoyed softball/baseball during her life. Requirements to apply:

- Must be a U.S. citizen or lawful permanent resident, and a resident of Greenacres.
- Must be a high school senior, graduate, have obtained a GED, or attending college.
- Must have financial need for college books and/or college tuition.

Prior recipients may re-apply; however, first-time applicants and high school seniors shall be given priority.

APPLICANT INFORMATION (Please Print)

_____			Date of Birth:		
(Last Name)	(First Name)	(Middle)	____/____/____	____	____
_____			Month	Day	Year
Permanent Address (Number/Street)		(City)	(State)	(Zip)	
_____			Home #	(____) _____	
(E-mail Address)			Alternate #	(____) _____	
Please check one:					
____ Senior/High School		_____		_____	
____ High School Graduate		(College/School Planning to attend)		(College Course of Study)	
____ College Student					

AFFIDAVIT

I certify that I am a U.S. citizen or lawful permanent resident, residing in the City of Greenacres (**copy of my birth certificate or residency documents are attached**); that I am submitting this application based upon my need for financial assistance for books and tuition that is offered through the City of Greenacres Educational Scholarship Program; and that information provided in this application is complete and accurate. I understand that if I make false or fraudulent statements within this application, my application shall be disqualified.

 Signature of Applicant

Date: _____

 Parent/Guardian of Applicant, if applicable

Date: _____

SCHOLARSHIP FUNDS

The Scholarship Award (\$1,500) must be used within twelve (12) months of the year awarded or the remainder of the scholarship money will be forfeited back to the City of Greenacres. All funds must be applied towards college books, and/or academic, technical or vocational school tuition. Verification of expenditures will be made by the City through the college of your choice, to assure that the Scholarship Funds are expended on educational books and tuition.

EDUCATIONAL BACKGROUND

Name of High School or College: _____

Date of High School Graduation:		
Four (4) year cumulative Grade Point Average:		
Senior year or college Grade Point Average:		
S.A.T. Score:		
A.C.T. Score:		
HONORS AND AWARDS		
List Honors Received		List Awards Received
1.		1.
2.		2.
3.		3.
COMMUNITY SERVICE		
List Agency	Hrs Served	List Service Provided
1.		
2.		
3.		
SPECIAL GRANTS, FINANCIAL AID & OTHER SCHOLARSHIPS APPLIED FOR		
List Agency	List Amount of Grant	
1.		
2.		
3.		
CAREER OBJECTIVES AND HIGHER EDUCATION PLANS		
Briefly explain your career objectives and how they relate to your higher education plans. (If you need more space, attach a separate sheet.)		
EXTRA CURRICULAR ACTIVITIES		
Briefly explain or list extra curricular activities, if any:		
ATHLETIC/SPORT ACTIVITIES		
Briefly explain your past, current and future sports activities, if any:		
OFFICIAL TRANSCRIPTS AND LETTER OF RECOMMENDATION		
<ul style="list-style-type: none"> • Must attach Certified High School or College Transcripts in a sealed envelope provided by the school or college. • Must attach one (1) letter of recommendation from a teacher. 		

PERSONAL DATA	
Father's Name:	Mother's Name:
Employer:	Employer:
Position:	Position:
Employer's Address:	Employer's Address:
Step-Father's Name (if applicable):	Step-Mother's Name (if applicable):
Employer:	Employer:
Position:	Position:
Employer's Address:	Employer's Address:
FAMILY INCOME DISCLOSURE	
Total Annual Family Income (check one) (All family income that supports applicant must be reported.)	
___ Under \$15,000	___ \$15,000 - \$25,000
___ \$25,000 - \$35,000	___ \$35,000 - \$45,000
___ \$45,000 - \$55,000	___ Over \$55,000
<ul style="list-style-type: none"> • Must attach a copy (both sides) of your 2009 Individual Income Tax Return (1040EZ, 1040, 1040A, etc.) for yourself, father, mother, step-father, &/or step-mother, if applicable. 	
SIBLINGS IN FAMILY	
How many siblings in your family? _____ How many siblings will be attending college? _____	
UNUSUAL FAMILY OR PERSONAL CIRCUMSTANCES	
Please describe any unusual family or personal circumstances that you think warrants attention, include additional comments on a separate sheet of paper, if needed.	
WORK AND LIFE EXPERIENCE	
Please describe your work and life experience, if applicable. (If needed, use a separate sheet of paper).	

CHECKLIST

Please check all information that applies:

- I am a resident of the City of Greenacres. (See City map online or call Human Resources Office.)
- I am a U.S. citizen or lawful permanent resident of the U.S. (Attach a copy of birth certificate or residency documents.)
- I am a high school senior, a high school graduate, have a GED, or attend college.
- I have financial need to further my education.
- I am a prior recipient of a Greenacres Scholarship Award.
- Parent(s) or guardian(s), (if applicable), have signed the Affidavit on the first page.
- Certified transcript from high school or college is attached.
- Letter of Recommendation from a teacher is attached.
- Income Tax Returns for self, mother, father, step-mother, step-father, (if applicable), are attached.
- Confidential Release of Social Security Number form is attached.
- Every section of this application is completed. If the information is not applicable, "N/A" placed in the blank area.

The reason for missing information on my scholarship application packet is noted below:

**Thank you for your cooperation!
Good Luck!**



**CONFIDENTIAL RELEASE
OF SOCIAL SECURITY NUMBER
AND STATEMENT OF PURPOSE**

Pursuant to Section 119.071 (5), Florida Statutes, social security numbers collected by the City of Greenacres are confidential and exempt. The requirement to request the social security number must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record. The requirement for your social security number is mandatory.

Name: _____

Social Security No. _____

Section 119.071 (5), Florida Statutes, gives authority for the City of Greenacres to collect social security numbers if it is stated in writing the purpose for its collection and is specifically authorized by law to do so or it is imperative for the performance of the City's duties and responsibilities as prescribed by law. There are many individuals with the same name; therefore, without this identifying social security number, it would be difficult, if not impossible, to be reasonably sure that the correct individual(s) are identified and to verify they meet the requirements of the statutes. The City of Greenacres requires the release of your social security number for one or more of the following purposes or reasons:

- to perform background investigation checks for employment; or
- to serve on City Council, boards or commission; or
- issuance of business tax receipt(s); or
- to conduct 1099 reporting of income for poll workers, vendors or consultants; or
- to enroll in specific training courses and classes that require SS#; or
- to produce patient insurance billing and/or for patient tracking, or
- to provide F.S. required information for Police/Fire/EMS purposes; or
- to process scholarship award(s) funding for students college tuition; or
- for reporting necessary to administer workers' compensation claims, unemployment compensation claims, and health/dental claims; or
- for reporting income paid pursuant to the Internal Revenue Code; or
- pension administration; or
- for debt collection purposes.