



2009-2010 Scholarship Application Instruction Sheet

Application deadline: March 1, 2010

Students,

Keep this page for your own information and record of submission.

_____ **Date submitted to the Education Foundation or the U.S. Postal Service.**

Eligible Applicants:

- Must have a GPA of 2.3 or above
- Must have a standard high school diploma or a GED
- Must be a U.S. citizen, a permanent resident alien or have been granted political asylum

You must indicate on page 1 whether you are applying for a VCC/TECO restricted scholarship or a non-restricted scholarship. If you do not indicate your choice on page 1, your scholarship application will be placed in the VCC/TECO group.

You are responsible for seeing that all support documents are submitted. The Education Foundation ~ Osceola County Scholarship Selection Committee reserves the right to process only applications found to be complete as of the application deadline. All Committee award decisions are final. Scholarship recipients will be notified in early April.

Checklist:

- _____ Page 1 & 2 - Agreement & Consent pages. Read and sign or obtain the required signature.
- _____ Pages 3 & 4 - Fill out. Additional pages may be attached, if needed. Blank sections will lower your application score.
- _____ Essay (250-500 words) - Attach to application.

The following two items should be requested at least one week prior to application deadline date.

- _____ High School Transcript - Request a hard copy from the Guidance Department and include with application.
- _____ Page 5 – Recommendation page.

Deliver or mail application packet to: The Education Foundation ~ Osceola County, 2310 New Beginnings Road, Suite 121, Kissimmee, FL, 34744, so that it is received by the end of the business day on March 2, 2010. **Late or incomplete applications will be disqualified.**

The Foundation for Osceola Education, Inc. is a direct support, non-profit organization to the Osceola County School District. Through the Foundation, various donors contribute scholarship monies to assist students in continuing their education after high school. For more information, contact our office at 407-348-9204.

I am applying for: _____ A Valencia Community College or TECO Scholarship
 _____ A non-restricted scholarship (any college or university)

Student Scholarship Agreement

I understand that:

1. My scholarship funds will **not** be released until my enrollment is complete. To complete enrollment, I **must** inform my high school guidance office where I will be attending college, so that my high school can send a copy of my final transcript to the college.
2. I must complete a FAFSA form and Valencia/TECO/other financial aid forms prior to enrolling in classes.
3. If chosen as a Foundation scholarship recipient, I will be notified prior to high school graduation. My scholarship is not transferable to another person, institution or state.
4. If I receive a scholarship to Valencia Community College/TECO/other institution, the funds will be credited at the school for **tuition, books or fees only**. If I have met all of the school's requirements for continued enrollment, any unused funds remaining in my account may be applied to future tuition.
5. If chosen as a Foundation scholarship recipient, I must enroll at a post-secondary institution by January of the year following my high school graduation, or I may forfeit my scholarship. Exceptions may be made at the discretion of the Foundation upon my written notification to the Foundation.
6. I must meet all requirements for the specific scholarship for which I apply.
7. All recipient decisions made by the scholarship selection committee are **final**.
8. My scholarship application must be completed and submitted by the deadline.
9. In applying for this scholarship, I will be required to sign a "Consent of Grade Release" form allowing Valencia Community College, TECO, or other institution to release my academic report to the Education Foundation. (Page 2)
10. If chosen as a Foundation scholarship recipient, **I am required to write a "Thank You" letter to the sponsor(s) of my scholarship**, and send a copy to the Education Foundation.
11. I understand that any false information in this application may result in the loss of this scholarship.

 Applicant's Signature

 Date

 Parent's/Guardian's Signature (required if applicant is under 18)

 Applicant's age as of today

For office use only	
Name _____	Date Received _____
HS _____ GPA _____	Major _____
Met with Foundation Counselor _____	Disbursement Form Returned _____
	College _____
	Comm. Service Hrs _____
	Complete _____
	Score _____

The School District of Osceola County, Florida

Consent and Release to Photograph/Videotape Student

I, _____, the parent/guardian of _____,
Print Parent/Guardian's Name Print Student's Name

Grade _____, a student at _____ on behalf of my child:
School Name

___ **Do Consent** ___ **Do not Consent** to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the present school year. I also consent to the release of my child's name, both verbally and in print, when used in connection with said photograph/videotape. It is understood the photograph(s) /videotape(s) and the name of my child may be used for promotional purposes inside and/or outside of the School District of Osceola County, FL.

___ **Do Consent** ___ **Do Not Consent** to the use of the above-mentioned photograph(s)/videotape(s) and the name of my child for promotional purposes on the **Internet**.

I do hereby release and waive any and all claims, demands, or objections against the said school, the school district, and The Foundation for Osceola Education, in connection with or arising out of the said photograph/videotape of my child.

It is understood that the school, school district, or The Foundation for Osceola Education will not duplicate photograph(s), videotape(s) for the use or benefit of any individual student or parent. It is also understood that failure to return this permission form to the school will constitute parent/guardian consent for the purposes described above.

PLEASE NOTE: The Foundation for Osceola Education, Inc. does not require you to consent to photography or videotaping of your child in order to be considered for this scholarship. If your child is chosen to be a Foundation scholarship recipient, we do like to include his/her picture in a slide show that is part of the awards program. Your child's picture may also be used by sponsors on their website, but only to promote their community involvement.

GRADE RELEASE WAIVER FORM

The Education Foundation ~ Osceola County requests this information in order to track student progress, and for the possible renewal of scholarships to worthy individuals.

I, _____, hereby grant permission to Valencia Community College, or any post-secondary institution that I am attending, to release information regarding my grades, attendance, and contact information to the administrator of the Scholarship Initiatives Program of the Education Foundation ~ Osceola County. This agreement shall remain in effect as long as I am enrolled as a student at the college.

Student's Printed Name

Signature (if student is 18 or older)

Parent/Guardian Signature Date

Student's Date of Birth: _____

Available Scholarships

In addition to the Education Foundation's \$2,000 scholarships to Valencia Community College, there are also several scholarships available for various areas of study that are not restricted to Valencia Community College or TECO. The amounts of these scholarships range from \$500.00 - \$3,000.00. The criteria for these scholarships are listed below. **Please indicate if you would like to apply for any of the following scholarships by checking the appropriate box.**

Restricted to Valencia:

- Hearing or visually impaired
- Band student
- Community Service Hours
- Education major
- Environmental Studies
- Any trade at TECO

May attend any school:

- Horticulture major
- Professional Office Administration
- Cosmetology
- Community Service Hours
- Agriculture Studies

PLEASE PRINT CLEARLY OR TYPE

APPLICANT INFORMATION

Name _____
(Last) (First) (MI) Social Security Number

Address _____
(# and Street) (City) (State) (Zip)

(h) _____ (c) _____ Date of birth _____ Gender _____
(Telephones)

Student's email address _____

Permanent mailing address of parent/guardian if different from applicant:

How long have you lived in Osceola County? _____ Are you a U.S. citizen? _____

If not, are you a permanent resident alien? _____ (Provide documentation) _____

Number of members in the household _____ Family Income _____ \$0 - \$32,000
(Please check one) _____ \$33,000 - \$75,000
_____ \$75,000 +



SCHOOL INFORMATION

High School Attended _____ Cumulative GPA (unweighted) _____ (weighted) _____

Have you taken the SAT? _____ Combined verbal (reasoning) and math scores _____

Have you taken the ACT? _____ Score _____

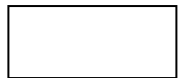
Have you taken the CPT? _____ Have you taken the TABE? _____

Have you passed the all parts of the FCAT? _____

What is your intended course of study in college or technical school? _____

Did you meet with a Foundation Scholarship Counselor? _____

Will you qualify for the Bright Futures? _____ which one? 75% _____ 100% _____ Gold Seal _____



EXTRA-CURRICULAR ACTIVITIES

You may attach additional sheets if needed

--

Last Name, First initial

List all school activities in which you have participated during the past 4 years (e.g., student government, clubs, music, sports, etc.)

Name of Activity	# of years involved	Special Awards, Honors, Offices Held

List all community activities in which you have participated without pay during the past 4 years (e.g., Red Cross, church work, volunteer work. Are these hours listed on your transcript? _____

Name of Activity	# of years involved	Special Awards, Honors, Offices Held

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date started	Date ended	Hrs. per week	Name of Company

ESSAY

Essay should be double-spaced and between 250 and 500 words. Essay will be judged on appearance, but mainly on content and details. On a separate sheet of paper, using a computer (hand-written essays are not acceptable), answer the following question:

Describe a person, idea, or circumstance that has influenced your plans for the future.

--

RECOMMENDATION PAGE

Student's Name: _____ High School: _____

To be completed by a high school counselor, advisor, teacher, an employer, coach, or a youth pastor, not related to the student.

You have been asked to provide information in support of this application for a post-secondary scholarship from the *Education Foundation ~ Osceola County*. Please give immediate and serious attention to the following statements. **When complete, please return this appraisal to the appropriate high school student in a sealed envelope.**

1. How long have you known this student? _____

2. To your knowledge, this student's ability to set realistic and attainable goals is: excellent good fair poor unknown to me.

3. To your knowledge, this student demonstrates good problem-solving skills, follows through, and completes tasks:

extremely well very well moderately well not well unknown to me

4. The student's respect for self and others is: evident not observed by me fair poor

5. Does this student reside with family members who support him/her financially? ____ Yes ____ No ____ Do not know

6. Is this student able to continue his/her education without financial assistance? ____ Yes ____ No ____ Do not know

7. **Add a comment that would be beneficial to the selection committee in selecting scholarship recipients.** Use back of page, if necessary.

8. Are you aware of any adverse personal circumstances that this student has endured that would make the pursuit of post-secondary education extra challenging? ____ Yes ____ No If yes, please explain. (Include any prolonged illnesses of family members or the student, any recent family tragedies, any recent divorce or other extenuating family circumstances).

Appraiser's Name (Printed) _____ Title _____ Telephone Number _____

Business Address: _____
Street City State Zip

In what capacity are you acquainted with the applicant? _____
(counselor, teacher, advisor, coach, employer, supervisor, pastor, etc.)

Appraiser's Signature

Date