



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

Executive Director:
Brian J. McDonough

**DEADLINE EXTENDED: The deadline for this application has been extended to May 15, 2017.
For any reference to April 30, 2017, the new deadline is May 15, 2017.**

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, 2017
- 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, 2017.
- Mail award notifications to student and to high school on or about May 30th, 2017.
- \$1,000 sent to award recipient (payable jointly to school and recipient) on or about August 20th, 2017.

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To: Applicant: Fill out the top portion of this form and give it to your registrar for completion.
(Please type or print).

Name: _____
Last First Middle

Address: _____
Street & Number City & State Zip Code

Home Phone: _____ EMAIL ADDRESS: _____

Official School Name: _____

School Address: _____
Street & Number City & State Zip Code

School Telephone Number: _____

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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, 2017.

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.

Sign: _____ Date: _____

Mail this form and documentation to: Give Kids A Chance
c/o Brian McDonough
150 West Flagler Street
Suite 2200
Miami, Florida 33130

THE DEADLINE FOR RECEIPT IS APRIL 30, 2017

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1. Personal Information: (Please type or print)

A. Name: _____
Last First Middle

B. Mailing Address: _____
Number & Street

Telephone: _____
Area Code Number

Cellular Telephone: _____
Area Code Number

E-Mail Address: _____

C. Is your native language English? _____
If not, state your native language _____

2. What is your intended major? _____

3. State your college preference

1. _____
2. _____
3. _____

4. Secondary School Education

List below the secondary school attended:

Name Location

What is your cumulative grade point average? _____

What is your estimated rank in class? _____
Rank Class Size

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PARENTAL INFORMATION

- A. Current marital status of parents:
_____ Single _____ Separated
_____ Married _____ Widowed
_____ Divorced
- B. The total size of the parent’s household during 2016 – 2017 will be _____.
Students presently in college _____. Other dependent children _____.
Ages of those at home
0 – 5 years ____ 6 –10 years ____ 11 –15 years ____ 16 – 18 years ____
- C. Parent’s Social Security Number(s): Mother: _____
Father: _____
- D. Income earned during the past year by parents 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., Veteran’s Benefits.

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I/We hereby certify that the above financial information is true and accurate to the best of my/our knowledge.

Parent Signature(s) _____

Printed Name(s) _____

Date: _____

Filing Instructions: Application Deadline – April 30, 2017
Mail Information to: Give Kids a Chance
c/o Brian J. McDonough
150 W. Flagler St., Suite 2200
Miami, Florida 33130

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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?

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Letters of Recommendation

(For Teacher or Community Representative)

Candidate's Name _____
Please Print or Type

Address _____

Phone Number _____

The named candidate is applying for the Give Kids A Chance Scholarship. In order to complete the application, two (2) letters of recommendation are required to assist the Committee in assessing the candidate's character, integrity, maturity, and independence. Forward letters to:

**Give Kids A Chance
c/o Brian J. McDonough
150 West Flagler Street, Suite 2200
Miami, Florida 33130**

This Application is due at the above address by April 30, 2017.

Please complete and attach this cover sheet to your letter of recommendation.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Subject taught or organization affiliation _____

Length of time acquainted with applicant _____