

INFORMATION AND INSTRUCTIONS

PLEASE READ ALL OF THE FOLLOWING INFORMATION CAREFULLY BEFORE FILLING OUT THIS FORM.

By fully completing this application, you will help us determine your eligibility to receive a scholarship. You must complete each section of the application. You must have a school official complete the required Scholastic Information Page, and you must include two letters of reference. You are encouraged to select someone who knows you well and is in a position to evaluate you according to the criteria given. Do not use a friend or family member.

If questions on this application are not applicable to your situation, then please fill in "none" or "N/A." If it is a financial question, fill in a "0." It is important that your application be completely filled out in order for you to be considered for a scholarship.

If you need more space for any item, you may attach additional pages. Please indicate the appropriate section to which the additional page applies.

It is your responsibility to submit all attachments and supporting documentation. The Manatee Community Foundation reserves the right not to process applications found to be incomplete as of the application postmark deadline. **This application becomes valid only when 1) It is filled out in its entirety 2) The scholastic Information section on the following page has been filled out by a school official, and 3) The following have been submitted:**

1. **This application (pages 2-9)**
2. **Scholastic Information Page completed by school official**
3. **Official high school transcript (4 years)**
4. **College transcript if you are already attending college**
5. **Official acceptance letter from college or vocational school if applicable (Copy is acceptable)**
6. **SAT and/or ACT scores if they don't appear on official transcript (Copy is acceptable)**
7. **Two letters of reference**
8. **Parents' and Student's (if applicable) complete signed IRS tax forms (including all schedules), for year 2014.**

For further information please contact the Manatee Community Foundation:

Joan McCaw
Scholarship Coordinator
(941) 747-7765
joan@manateecf.org
www.ManateeCF.org

Please return completed application to:

(postmarked by April 15, 2015)

THE MANATEE COMMUNITY FOUNDATION
Mailing address: 3103 Manatee Avenue West, Bradenton, FL 34205

Please be careful to affix the CORRECT POSTAGE. Failure to do so will result in your application being returned to you.

ALL INFORMATION SUBMITTED WITH THIS APPLICATION IS KEPT COMPLETELY CONFIDENTIAL.



APPLICATION DATA

Applicant's Name _____	Male <input type="checkbox"/>
Permanent Street Address _____	Female <input type="checkbox"/>
City _____ State _____ Zip _____	
Home Telephone Number _____ Student's Cell Number (optional) _____	
E-mail address _____ Date of Birth _____	
Last four digits of student's SSN (optional) _____ College ID Number (if applicable) _____	
High School _____ High School Graduation Year _____	

I. PERSONAL/FAMILY INFORMATION

I am: Single <input type="checkbox"/> Married <input type="checkbox"/>	I live with: Both Parents <input type="checkbox"/> My Mother <input type="checkbox"/> My Father <input type="checkbox"/> A Legal Guardian <input type="checkbox"/> I am a ward of the state <input type="checkbox"/>	My parents are: (check all that apply) Married to each other <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/>
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II. CUSTODIAL HOUSEHOLD INFORMATION

If your parents are divorced or separated, give the information about the parent you lived with more during the past 12 months. If you did not live with one parent more than the other, give answers about the parent who provided more financial support during the past 12 months. If this parent is remarried, answer the questions about that parent and your stepparent.

Father/Stepfather: Name _____ Address _____ City, State Zip _____ Employer _____ Position _____ If self employed - Name of business (DBA): _____ Work Address _____ City, State, Zip: _____ Work Phone # _____	Mother/Stepmother: Name _____ Address _____ City, State Zip _____ Employer _____ Position _____ If self employed - Name of business (DBA): _____ Work Address _____ City, State, Zip: _____ Work Phone # _____
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III. CURRENT CUSTODIAL HOUSEHOLD INCOME

Please fill in income, expense and asset data for the year January 1, 2014 to December 31, 2014 and enclose a *complete* (including all schedules) signed copy of your **2014 IRS TAX RETURN**. If parents file separately, copies of both returns are required. Do not include IRAs, 401Ks, and/or 403bs as assets or income.

DO NOT LEAVE ANY OF THESE LINES BLANK! Fill in a zero if applicable.

1. Total Income of Household..... \$ _____
2. Father/Stepfather wages, salaries, tips..... \$ _____
3. Mother/Stepmother wages, salaries, tips..... \$ _____
4. Total interest income..... \$ _____
5. Total dividend income..... \$ _____
6. Other taxable income..... \$ _____
7. Child Support received..... \$ _____
8. Other nontaxable income..... \$ _____
9. Total value in checking and saving
accounts as of today..... \$ _____
10. Total value of stocks, bonds, savings bonds,
mutual funds, CDs, money market funds,
and all other investments except real estate..... \$ _____
(Do not include money in Qualified
Retirement Plans).
11. Primary Home monthly mortgage/rent payment \$ _____

If you own, purchase price of home \$ _____ Year Purchased _____

12. Do you own real estate other than your primary home? (circle one) Yes No

If yes, what is the real estate worth today? \$ _____

13. Do you and/or your spouse own a business? (circle one) Yes No

If yes:

- A. What percentage of the business do you and/or your spouse own? _____
- B. What is the gross income of the business? \$ _____
- C. What is the net income of the business? \$ _____
- D. How many employees are there in the business? (Include yourself) _____
- E. What type of business is it? (ex: landscaping, restaurant, etc.) _____

IV. NONCUSTODIAL PARENT INFORMATION

Please fill out this information to the best of your ability. If you are unable to provide the information, please write an explanation stating why.

Name _____
Address _____
City, State Zip _____
Employer _____
Position _____
If self employed - Name of business (DBA): _____

Annual child support paid for the student in 2014..... \$ _____

According to the court order, when will/did the student's child support end? (mo/year) _____

How much does the noncustodial parent plan to contribute toward the student's college education for the next school year? \$ _____

Is there a binding agreement specifying this contribution for the student's education? (circle one) Yes No

If child support is not being paid or contributions are not being made to further the education of the student, please give a brief explanation why:

V. CURRENT HOUSEHOLD INFORMATION

How many people live in your household?

_____ Adults

_____ Children (all dependent children including the applicant and any already in college)

What is/are your current major source(s) of income? (Check all that apply)

- Alimony
- Child Support
- Employment
- Self Employment
- Social Security
- Spouse - Partner
- Unemployment
- Other: (please explain)

Do you have other children currently attending college?

- Yes
- No

If yes, what college does he/she attend? (If more than one, list all)

In 2014, did your household qualify for food stamps?

- Yes
- No

In 2014, did your household qualify for Section 8 and/or HUD housing assistance?

- Yes
- No

In 2014, did your dependent child(ren) qualify for free or reduced lunch?

- Yes
- No

PERSONAL CIRCUMSTANCES - Please report any unusual personal and/or family circumstances which would be helpful for the committee to know when assessing your application. **All information is kept completely confidential!** (Use a separate sheet if necessary.)

VI. COLLEGE/SCHOOL INFORMATION

(Even if you are undecided, please list your top choice. If you have more than one, please make a copy of this page and list your other choice(s). You do not need to be accepted at this time.)

College/School choice _____

Main reason you chose this school _____

4 yr. College/University Community College Vocational/Technical Other _____

Have you been accepted yet? Yes No If yes, please include copy of acceptance letter.

Intended major/vocational choice _____

Anticipated starting date (Mo/Year) _____ Anticipated graduation date (Mo/Year) _____

ESTIMATED COLLEGE/SCHOOL EXPENSES - (Budget should be for **one full year** of expenses and resources). It is important that you fill in all this information to the best of your ability. **NOTE:** This section demonstrates a family's commitment to its student's success in school; the purpose is to show the committee that you understand the true cost of college and the resources required. **DO NOT LEAVE ANY LINES BLANK! *If the amount is small or even zero, fill in the space.***

ESTIMATED COST OF SCHOOL

Tuition & Fees	\$ _____
Books & Supplies	\$ _____
Room & Board	\$ _____
Personal Expenses	\$ _____
Transportation	\$ _____
Other Expenses (List)	\$ _____
_____	\$ _____
_____	\$ _____
Estimated Cost of 1 Year of School	\$ _____

ESTIMATED RESOURCES TO PAY FOR SCHOOL

From family, friends	\$ _____
Student contribution	\$ _____
V.A. or S.S. Benefits	\$ _____
Loans	\$ _____
Other Financial Aid(work study, etc)	\$ _____
529 College Plan	\$ _____
Other Scholarships/Awards	\$ _____
Other Resources (list)	\$ _____
Estimated Resources for Year:	\$ _____

If you are *already* attending college, you must attach a copy of your most recent financial aid package! (Internet print out is acceptable)

If estimated cost of school exceeds estimated resources to pay for school, how do you plan to make up the difference?

Will you be able to receive financial support from your parents to attend college? Yes _____ No _____

Do you anticipate receiving a Pell Grant? Yes _____ No _____

Do you have a Florida Prepaid Account? Yes _____ No _____

Do you participate in or receive Take Stock in Children funding? Yes _____ No _____

Have you already accumulated student loans? Yes _____ No _____

Do you anticipate receiving other scholarships? Yes _____ No _____

If yes, please list name/type of scholarship & amount separately **Total should be included in Other Scholarships under Estimated Resources.*

<u>Name of Scholarship/Award</u>	<u>Amount</u>	<u>Granted</u>	<u>Pending</u>
_____	_____	_____	_____
_____	_____	_____	_____

VII. ACTIVITIES - A resume is not acceptable. You must complete this section.

The activities section is split into the following three parts:

1. **Community** - Activities you were involved in outside of school (i.e. church, scouts, volunteering).
2. **School** - Clubs and activities that you participated in at school (i.e. Yearbook, Spanish Club, Key Club).
3. **Athletic Experience** - Last four years of athletics in which you participated. Include those in and out of school.

If the section does not apply to you, please write "None". **Do NOT leave any section blank!**

COMMUNITY ACTIVITIES

Please list the major community activities in which you have participated in the last 4 years. Maximum of 5.

ORGANIZATION	ROLE OR ACTIVITY	LENGTH OF TIME YOU PARTICIPATED	HOURS PER WEEK

SCHOOL ACTIVITIES

Please list the major school activities in which you have participated in the last 4 years. Maximum of 5.

CLUB	ROLE OR ACTIVITY	LENGTH OF TIME YOU PARTICIPATED	HOURS PER WEEK

ATHLETIC ACTIVITIES

Please list the major athletic activities in which you have participated in the last 4 years. Maximum of 5.

SPORT	SCHOOL OR ORGANIZATION	LENGTH OF TIME YOU PARTICIPATED	HOURS PER WEEK

VIII. PAID WORK EXPERIENCE

Please list your paid work experience for the last 4 years. List the most recent first. Write "None" if you do not have any paid work experience.

COMPANY	DATE FROM (MO/YEAR)	DATE TO (MO/YEAR)	HOURS PER WEEK DURING SCHOOL	HOURS PER WEEK DURING SUMMER & VACATIONS	HOURLY WAGE	POSITION HELD

PLEASE REPORT ANY UNUSUAL FAMILY OR PERSONAL CIRCUMSTANCES ABOUT WHICH YOU FEEL THE COMMITTEE SHOULD KNOW. (ALL INFORMATION IS KEPT COMPLETELY CONFIDENTIAL!)

IX. ESSAY

Please attach an essay on a separate sheet of paper. The essay should be approximately 200-300 words. Introduce yourself, identify your mentors, and share your goals and expectations. *Please note that this essay is a ***required*** attachment.

X. REFERENCES

Please ask two people who know you well to write letters of reference. Appropriate people to ask include coaches, recent teachers, your school advisor or counselor, employer, minister, etc. (A friend, neighbor or family member is not an appropriate reference). This application will not be considered complete unless these letters are included with your application.

Letters of reference should include:

1. Name and phone number of the letter writer.
2. First and last name of the student about whom the letter is written.
3. How long he/she has known the applicant and in what context.
4. Description of the applicant's character, achievements, and ability to set realistic and attainable goals.

List the names and phone numbers of persons who have written your letters of reference.

- 1.) _____
- 2.) _____

How did you hear about the Manatee Community Foundation Scholarship? Please circle one.

Guidance Counselor Career Resource Room Local Organization Scholarship Scene

Internet Other (Please List) _____

CERTIFICATION

___ I acknowledge that I am NOT a relative of any member of the Manatee Community Foundation scholarship advisory committees, the Manatee Community Foundation staff, Board or Advisory Council members.

___ I acknowledge that I am NOT a relative of any donors who have established a Manatee Community Foundation scholarship fund.

___ I acknowledge that my parents' and my (if applicable) complete signed 2014 tax forms are enclosed. **DO NOT SEND 2013 TAX FORMS. Without the 2014 complete (including all schedules) tax return, your application will not be considered.**

___ I acknowledge that the information contained in this application is true and correct to the best of my knowledge and that I will inform the Scholarship Committee through the Manatee Community Foundation of any changes which might occur in this information.

Applicant's Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____