College Scholarship Guide

Fort Pierce Central High School
Fort Pierce Westwood Academy
Mosaic Digital Academy
Legacy High School
Lincoln Park Academy
Port St. Lucie High School
St. Lucie West Centennial High School
Treasure Coast High School

Class of 2026

Produced as a public service by the St. Lucie County Education Foundation

www.efslc.org

Education Foundation St. Lucie
A Non-Profit Organization

St. Lucie County
Education Foundation, Inc.

9461 Brandywine Lane, Port St. Lucie FL 34986
Office: 772-429-5505

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Dear Seniors,

The St. Lucie County Education Foundation scholarship publication is designed to provide our students and their family with information on local, state and national scholarships.

Scholarship opportunities are diverse. Some offerings come from the community; others are available through state and national resources. Our local clubs and civic organizations donate thousands of dollars in scholarship money each year because they believe in you. Many thanks to them for their continued support. I would also like to thank the scholarship committee for their help in compiling this guide.

Please note that the Education Foundation is a direct support organization of St. Lucie Public Schools. Scholarship donations to the Education Foundation restrict the use of funds to benefit public school students only. We are aware that some of our scholarship donors may still offer scholarships to students from other schools. Please review the various scholarships in our scholarship guide and contact the donor directly to determine eligibility for non-public school students.

Finally, while deadline dates are as accurate as possible, please check with your guidance counselor for definite dates and further recommendations. Additionally, we will begin accepting scholarship applications through the online application beginning in January 2026.

Sincerely,

Thom Jones

President

2025-2026 Foundation Scholarships
Presented through the St. Lucie Education Foundation

***St. Lucie Public School graduating seniors are encouraged to apply for scholarships offered through the Education Foundation, St. Lucie.**

One application gives you access to multiple scholarship opportunities available exclusively to St. Lucie Public School seniors.

Deadline: March 15 at 11:59 PM

Please click here to apply online http://slcscholarships.awardspring.com/

The online application site is open for scholarships that are provided through the St. Lucie County Education Foundation.

If you receive a scholarship, *please remember to send a thank you letter to the organization that has given you support!*

*Note: All scholarship awards expire after two years, unless otherwise noted. For questions about scholarships provided through the education foundation, please contact the St. Lucie County Education Foundation, Inc. at (772) 429-5505 or email Jackie.wolfe@stlucieschools.org.

Education Foundation
St. Lucie
A Non-Profit Organization

2025-2026 Local Scholarships

SCHOLARSHIPS	DEADLINE
101 Scholarship	March 15, 2026
Alpha Kappa Alpha Sorority, Inc. – Psi Pi Omega Chapter Scholarship	March 15, 2026
Alzheimer's & Parkinson's Association of the Treasure Coast, Inc	April 1, 2026
American Muslim Alliance of Florida	May 4, 2026
CeeCee Ross Lyle Memorial Scholarship	April 1, 2026
Dr. Martin Luther King, Jr. Commemorative Scholarship	April 5, 2026
Dominica-America Scholarship	April 30, 2026
Fort Pierce Alumnae Chapter of Delta Sigma Theta Sorority, Inc.	March 31, 2026
Fort Pierce Central and Fort Pierce Westwood Class of 1979 Larry Hollett Memorial Scholarship	April 1, 2026
Fort Pierce Jazz & Blues Society Merit Scholarship	June 8-12, 2026
Fort Pierce Elks Lodge #1520	April 19, 2026
Fort Pierce Sunrise Kiwanis	March 26, 2026
Fort Pierce Sunrise Kiwanis Backus Scholarship	April 15, 2026
Fort Pierce Westwood H.O.S.A. Scholarship	April 1, 2026
Friends of 440 Scholarships Fund, Inc. Scholarship	February 28, 2026
Henry Stone – American Legion Post #40 Scholarship	April 1, 2026
Kappa Alpha Psi Fraternity Earnest Edwards Scholarship	February 15, 2026
Kappa Kappa Iota Arabelle Dawson Scholarship	April 20, 2026
Marine Industry of the Treasure Coast Robert J. Skidmore, Sr. Scholarship	February 28, 2026
Order Sons and Daughters of Italy in America Port St. Lucie Lodge #2594	April 15, 2026
Pan American Round Table of Treasure Coast Scholarship	March 30, 2026
Phi Beta Sigma Scholarship	April 15, 2026
Pilot Club of Fort Pierce Scholarship	April 15, 2026
St. Lucie County Chapter of the Charmettes' Inc. Scholarship	May 15, 2026
St. Lucie County Farm Bureau College Scholarship	March 18, 2026
Southern Scholarship Foundation	April 1, 2026
Spencer Gilbert Scholarship	Year Round
The CACG Honorary Family Scholarship – Caribbean American Cultural Group	March 27, 2026
The Karl C. Godfrey Scholarship – Caribbean American Cultural Group	March 27, 2026
The Thelma Lake Scholarship – Caribbean American Cultural Group	March 27, 2026
Treasure Coast (FL) Chapter of the Links, Inc.	March 5, 2026
Treasure Coast Community Singers	January 31, 2026
Woman's Club of Fort Pierce Scholarship	March 16, 2026

*NOTE: For questions on these scholarships or for any updated applications, please contact the organizations directly.

** NOTE: IF THE APPLICATION REQUIRES USE OF ITS OWN APPLICATIONS, PLEASE USE THE APPROPRIATE FORM. USAGE OF THE IMPROPER APPLICATION MAY CAUSE DISQUALIFICATION FOR SOME LOCAL SCHOLARSHIPS.

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: Class 101 Scholarship

DESCRIPTION: Class 101 will be awarding four high school students, nationwide, who use their unique skills to make a difference in their community. The 101 Scholarship represents students who exemplify demonstrated leadership in making their community a better place. In addition to the four national awards, local franchise Class 101 of the Treasure Coast will award a $500 scholarship to one local applicant.

1. Deadline to Apply: 11:59 EST on March 15th, 2026
2. Scholarship Amount: National (4) $3000 scholarships; local (1) $500 scholarship.
3. Scholarship Qualifications:
   - GPA: Considered
   - Gender: N/A
   - Test Scores: Considered, if available
   - Financial Need: N/A
   - Other: The scholarship is based 60% on how students are making a difference in their community, 30% on how they demonstrate leadership, and 10% on their academic achievements. All high school students, regardless of year, are eligible to apply. Full details see link below.
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

To apply, students have two options. They can create a video between 1-2 minutes or write a maximum 500-word personal statement. Students will answer the following prompt: "Explain how you've used your skills and talents to initiate change in your community. What lessons have you learned from these experiences?"

To apply: www.class101.com/101scholar

For more information, please contact Michael O'Leary at the local office
Email: mikeoleary@class101.com
Phone: 772-247-2716

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SCHOLARSHIP NAME: Alpha Kappa Alpha Sorority, Inc. – Psi Pi Omega Chapter

DESCRIPTION: Awarded to an African American female student attending a high school located in Port St. Lucie.

1. Deadline to Apply: March 15, 2026
2. Scholarship Amount: $2000
3. Scholarship Qualifications:
   - GPA: 2.8
   - Gender: Female
   - Test Scores: N/A
   - Financial Need: Yes
   - Other: a) Include a current copy of your high school transcript
     b) Two letters of recommendation (other than relatives) from a teacher, church member, or leader of an organization you are affiliated with.
     c) A recent photograph (2x2inch)
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to college or university upon receipt of proof of enrollment.

Complete the Project Pink & Green Foundation application at https://psipiomega.org/scholarship and mail complete application packet to:

Project Pink and Green Foundation
Attn: Scholarship Committee
P. O. Box 1382 Stuart, FL 34995
Or information@psipiomega.org

SCHOLARSHIP NAME: Alzheimer's & Parkinson's Association of the Treasure Coast, Inc Scholarship

DESCRIPTION: Alzheimer's & Parkinson's Association of the Treasure Coast, Inc is proud to announce the Scholarship Program in honor of Pat Sacco. Scholarships are available to any student who meets the eligibility requirements cited below.

1. Deadline to Apply: April 1, 2026
2. Scholarship Amount: $2000 (2)
3. Scholarship Qualifications:
   - GPA: 3.0 or above
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: N/A
   - Other: Letter of recommendation, transcripts, and acceptance letter
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use Alzheimer and Parkinson's Association of the Treasure Coast, Inc scholarship application provided in this guide (see Appendix) and email the complete application packet to: elderhcs@gmail.com.

For more information or questions please contact Christine Rigg:
Phone (561) 445-9937, Email elderhcs@gmail.com

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SCHOLARSHIP NAME: American Muslim Alliance of Florida Scholarship

DESCRIPTION: Awarded to a high school seniors of all races, religions, and creeds for the last 16 years.

1. Deadline to Apply: May 4, 2026
2. Scholarship Amount: (10) $1000, (10) $500
   - Scholarship Qualifications:
   - GPA: 3.0 or higher and provide official copies of school transcripts
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: Yes
   - Other:
     A. One-page typed essay stating why you should be awarded a scholarship, and why you plan to further your studies at a college or university.
     B. Applicants guidance counselor must complete page 2 of the application.
3. Scholarship Length: 1 year
4. Scholarship Renewable: No
5. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the American Muslim Alliance of Florida Scholarship application provided in this guide (see Appendix) and mail the complete application packet to:

AMAF, Inc,
Attn: Scholarship Committee
11694 Sunrise View Lane
Wellington, FL 33449

Visit their website for more information
https://www.americanmuslimalliance.org/Scholarship

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SCHOLARSHIP NAME: CeeCee Ross Lyles Memorial Scholarship

DESCRIPTION: Awarded to a high school senior entering college in need of financial assistance to further his/her education. Must attend Florida A&M University, Indian River State College or another accredited college or institution of higher learning.

6. Deadline to Apply: April 1, 2026
7. Scholarship Amount: (2) $250
   - Scholarship Qualifications:
   - GPA: 2.5
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: Yes
   - Other: Two-page typed essay on "Who was CeeCee Ross Lyles?"
8. Scholarship Length: 1 year
9. Scholarship Renewable: No
10. Method of Payment: Paid to recipient or family member on September 11, 2026, at the CeeCee Ross Lyles memorial.

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail ONE COPY of the complete application packet to:

Shirley Adderly
2401 San Marcos Avenue
Fort Pierce, FL 34946

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: Dr. Martin Luther King, Jr. Commemorative Committee of St. Lucie County Scholarship

DESCRIPTION: Awarded to a high school senior or community college graduate that has been a Florida resident for at least 1 year, a U.S. citizen, accepted/enrolled as a full-time student in a Florida college or university accredited by the Southern Association of Community Colleges and Schools, and who is registered to vote (written verification needed).

1. Deadline to Apply: April 5, 2026
2. Scholarship Amount: $1,000
3. Scholarship Qualifications:
   - GPA: 2.5 unweighted
   - Gender: N/A
   - Test Scores: Considered
   - Financial Need: Yes, financial statement required
   - Other: 3 letters of recommendation from the following: guidance counselor, family friend, employer, minister, or teacher. High school resume and/or college activities, emphasizing community involvement. A 500-word essay on "Why Dr. King adopted a philosophy of non-violent social change, and why you feel that this is a philosophy you can live by." Include a recent photograph.
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Award divided/distributed by the quarter or semester contingent on student maintaining a 2.0-2.99 average.

Use St. Lucie Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail TWO COPIES of the complete application packet to:

Scholarship Chairperson
P.O. Box 3671
Fort Pierce, FL 34948-3671
(772) 461-4807

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SCHOLARSHIP NAME: Dominica-America Scholarship

DESCRIPTION: The Dominica-America Scholarship & Culture, Inc. is offering three (3) $1000 scholarships (one each) to a graduating senior in a public High School in Port St. Lucie or the St. Lucie County area, who is African American or of non-Hispanic Caribbean descent and among other things can demonstrate financial need and who is planning on attending a technical, business or accredited college/university.

1. Deadline to Apply: April 30, 2026
2. Scholarship Amount: $1,000 (3 Awarded)
3. Scholarship Qualifications:
   - GPA: 3.0 Minimum
   - Gender: N/A
   - Test Scores: 1000 Minimum SAT or 22 Minimum ACT
   - Financial Need: Considered
   - Other: Two (2) Letters of Recommendation (none from a relative) and a completed essay (see application for details). Applicant must be a US Citizen or legal resident with a valid permanent residency card.
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

For more information and to access the application visit www.dasci.org/united-states.

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SCHOLARSHIP NAME: Fort Pierce Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

DESCRIPTION Awarded to a graduating female high school student, who plans to enroll in college in the fall term, which immediately follows graduation.

1. Deadline to Apply: March 31, 2026
2. Scholarship Amount: $500 - $1,000
3. Scholarship Qualifications:
   - GPA: 2.75 or better (un-weighted)
   - Gender: Female
   - Test Scores: Yes
   - Financial Need: Statement of specific financial need.
   - Other: Required:

     A) One page synopsis highlighting school, religious, community services activities and work experiences (paid and volunteer). Describe your educational goals and career objectives. Describe plans to give back to the Fort Pierce community.

     B) Photo Sheet with recent photograph (no larger than 4x6 inserted).

     C) Applicant's name and high school must be prominently displayed on sheet. Provide an official sealed transcript that includes all grades through first semester of senior year.

     D) High school seniors who have participated in, and received monetary award from fundraising activities sponsored by Delta Sigma Theta Sorority are not eligible
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to student upon receipt of proof of enrollment.

Please use the Fort Pierce Alumnae Chapter of Delta Sigma Theta Sorority, Inc. scholarship application provided in this guide (see Appendix) and mail THREE COPIES of the complete application packet to:

Fort Pierce Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
Scholarship Chair
P.O. Box 1421
Fort Pierce, Florida 34954

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SCHOLARSHIP NAME: Fort Pierce Central and Fort Pierce Westwood Class of 1979 Larry Hollett Memorial Scholarship

DESCRIPTION: This scholarship will be awarded to one student from the current graduating class of each school (Fort Pierce Central and Fort Pierce Westwood) that has the desire to pursue higher education at a two or four-year college, or technical school. This scholarship rewards students with a commitment to improving their lives and those in their community. The class of 1979 wishes to give back and make a difference to the schools which provided us with the tools to succeed.

1. Deadline to Apply: April 1, 2026
2. Scholarship Amount: $1000 (each school)
3. Scholarship Qualifications:
   - Gender: N/A
   - Test Scores: Considered
   - Financial Need: Considered
   - Other:
     - Community Service Hours: Considered
     - Two signed letters of recommendation from sources such as teachers, guidance counselors, school administrators, and employers (no family members).
     - A 500-word essay discussing a challenge you have faced and how you overcame the challenge. The essay should be typed, double-spaced, with one-inch margins using a twelve-point font.
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the Fort Pierce Central/Fort Pierce Westwood Class of 1979 scholarship application provided in this guide (see Appendix) and mail ONE COPY of the complete application packet to:

Fort Pierce Central/Fort Pierce Westwood Class of 1979 Scholarship Committee
P.O. Box 1595
Fort Pierce, FL 34954

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SCHOLARSHIP NAME: Fort Pierce Jazz & Blues Society Merit Scholarship

DESCRIPTION: Available to high school seniors in St. Lucie, Indian River, Martin, Glades, Highlands or Okeechobee County.

1. Deadline to Apply: June 8 and 9, 2026 * Audition dates at Indian River Charter High School
2. Scholarship Amount: (6) $1,000
3. Scholarship Qualifications:
   - GPA: N/A
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: N/A
   - Other: Student must pass a performance audition; write a 200-word essay- include your current high school, school and community activities, private teachers, awards, plans for college and other pertinent information.
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to scholarship recipient

Please refer to the Fort Pierce Jazz & Blues scholarship overview provided in this guide (see Appendix).

Al Hager, Chairman
Education & Scholarship Committee
Fort Pierce Jazz and Blues Society
P.O. Box 1086, Fort Pierce, FL 34954-1086
alfredhager@bellsouth.net and info@jazzsociety.org

SCHOLARSHIP NAME: Fort Pierce Elks Lodge #1520

DESCRIPTION: Awarded to a Fort Pierce high school senior (LPA, John Carroll, Ft. Pierce Central High School and Fort Pierce Westwood High School) that displays exceptional scholastic ability and volunteerism.

1. Deadline to Apply: April 19, 2026
2. Scholarship Amount: $1,000 (Multiple)
3. Scholarship Qualifications:
   - GPA: Considered
   - Gender: N/A
   - Test Scores: Considered
   - Financial Need: Considered
   - Other: Florida college only
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution in the State of Florida.

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail ONE COPY of the complete application packet to:

Scholarship Chairperson
Fort Pierce Elks Lodge #1520
P.O. Box 3749
Fort Pierce, FL 34948

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SCHOLARSHIP NAME: Fort Pierce Sunrise Kiwanis

DESCRIPTION: Awarded to a current senior that is a member of the Key Club. It will be awarded to any St. Lucie County Key Club member, sponsored by Sunrise Kiwanis who has worked within their Key Club to promote the ideals of the club and plans to attend college the following fall semester. Currently, Sunrise Kiwanis sponsors a club at Fort Pierce Central, Lincoln Park Academy, Ft. Pierce Westwood High School, St. Lucie West Centennial High School and Treasure Coast High School.

1. Deadline to Apply: March 26, 2026
2. Scholarship Amount: (2) $1000
3. Scholarship Qualifications:
   - GPA: N/A
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: N/A
   - Other: 20 Service hours required
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail ONE COPY of the complete application packet to:

Deborah Mock
4383 Gator Trace Lane
Fort Pierce, FL 34982
(772) 359-6042

SCHOLARSHIP NAME: Fort Pierce Sunrise Kiwanis Backus Scholarship

DESCRIPTION: Applicant should demonstrate that his/her high school experience was well-rounded by including a DESCRIPTION of his/her extracurricular school, civic and church activities.

1. Deadline to Apply: April 15, 2026
2. Scholarship Amount: (2) $2,000
3. Scholarship Qualifications:
   - GPA: 3.5 weighted
   - Gender: N/A
   - Test Scores: ACT/SAT – transcript required
   - Financial Need: Yes
   - Other: N/A
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to College or University

Use the St. Lucie County Education Foundation scholarship application provided in this guide (see Appendix) and mail one copy of the completed application packet to:

J.W. Gaines
Berger, Toombs, Elam, Gaines & Frank
600 Citrus Avenue, Suite 200
Fort Pierce, FL 34950

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SCHOLARSHIP NAME: Fort Pierce Westwood H.O.S.A. Scholarship

DESCRIPTION: Awarded to a Fort Pierce Westwood High School student pursuing a career in health care.

1. Deadline to Apply: April 1, 2026
2. Scholarship Amount: T.B.D.
3. Scholarship Qualifications:
   - GPA: 3.2 or higher
   - Gender: N/A
   - Test Scores: Considered
   - Financial Need: Considered
   - Other: Completion of medical or veterinary academy; at least 2 years of H.O.S.A. membership; health related community service also considered.
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the St. Lucie Education Foundation Local Scholarship application provided in this guide (see Appendix) and submit either via email to julie-anne.jnpaul@stlucieschools.org with the subject "HOSA Scholarship Application 2025" or mail ONE COPY of the complete application packet to:

Westwood H.O.S.A.
1801 Panther Lane
Fort Pierce, FL 34947
(772) 468-5400

SCHOLARSHIP NAME: Florida Engineering Society – Treasure Coast Chapter Scholarship

DESCRIPTION: Awarded to high school seniors that have a genuine interest in engineering and community service.

1. Deadline to Apply: February 15, 2026
2. Scholarship Amount: Varies (3 awarded)
3. Scholarship Qualifications:
   - GPA: 3.0 or higher
   - Gender: N/A
   - Test Scores: SAT or ACT
   - Financial Need: N/A
   - Other: Certified transcript and official IB & AP test core
   - Scholarship Length: 1 year
4. Scholarship Renewable: No
5. Method of Payment: Paid to recipient and presented during FES Chapter meeting.

More information can be found online at www.tcfes.org. Use the Florida Engineering Society Treasure Coast Chapter Scholarship application provided in this guide (see Appendix) and email or mail ONE COPY of the complete application packet along with required transcripts to:

Paul J. Bangs, P.E.
Florida Engineering Society, Treasure Coast Chapter
2067 NW Chenille Lane
Stuart, FL 34994
pjbangs@bellsouth.net

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SCHOLARSHIP NAME: Friends of 440 Scholarship Fund, Inc.

DESCRIPTION: Awarded to dependents or descendants of workers who were injured or killed in the course and scope of their employment and who received benefits under the Florida Workers' Compensation Law.

1. Deadline to Apply: February 28, 2026
2. Scholarship Amount: Varies up to $6,000
3. Scholarship Qualifications:
   - GPA: High school GPA of 2.7 or College GPA of 3.0
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: Yes
   - Other: All scholarship recipients must maintain a cumulative 3.0 GPA and have at least 12 credit hours per semester to remain eligible for funds.
4. Scholarship Length: 1 year
5. Scholarship Renewable: Yes
6. Method of Payment: Paid to institution upon receipt of enrollment.

Please use the Friends of 440 Scholarship Fund, Inc. application provided in this guide (see Appendix) or at www.440scholarship.org and submit all required documents via E-MAIL to lori@440scholarship.org.

Lori Markowitz Salzman, Managing Director
Friends of 440 Scholarship Fund, Inc.
9100 S. Dadeland Blvd., Suite 1800
Miami, FL 33156
(305) 423-8710 Office/ (305) 962-4044 Cell

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SCHOLARSHIP NAME: Henry Stone Scholarship - American Legion Auxiliary Unit #40

DESCRIPTION: Awarded to assist a graduating student attending St. Lucie Count public high school, who is deemed of high moral character, is industrious, has high grades and eager for higher education, is active in school and within the community and will attend a college or university at a full-time pace.

1. Deadline to Apply: April 1, 2026
2. Scholarship Amount: $500
3. Scholarship Qualifications:
   - GPA: 2.5 or higher unweighted
   - Gender: N/A
   - Test Scores: Considered
   - Financial Need: Considered
   - Other: Short essay describing community involvement, financial need, and career goals.
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Private School Students: No
7. Method of Payment: Paid to institution upon proof of enrollment.

Use the St. Lucie Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail ONE COPY of the complete application packet to:

Scholarship Chair
American Legion Auxiliary Unit 40
810 South US 1
Fort Pierce, FL 34950-5126

SCHOLARSHIP NAME: Kappa Alpha Psi Fraternity Earnest Edwards Scholarship

DESCRIPTION: Awarded a male high school graduating senior with a Cumulative GPA of 2.5 or higher and attending a local high school in the Treasure Coast area.

1. Deadline to Apply: February 15, 2026
2. Scholarship Amount: TBD
3. Scholarship Qualifications:
   - GPA: 2.5
   - Gender: Male
   - Test Scores: Considered
   - Financial Need: Considered
   - Other: High school rank, letters of recommendation, and personal essay.
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the Kappa Alpha Psi Fraternity Earnest Edwards Scholarship application provided in this guide (see Appendix) and mail ONE COPY of the complete application packet to:

Mr. Timothy Richardson
Kappa Alpha Psi Fraternity, Inc.
1545 Pheasant Walk A
Fort Pierce, FL 34950
For answers to questions regarding this scholarship, please email Timothy Richardson at timbrianrich@yahoo.com

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SCHOLARSHIP NAME: Kappa Kappa Iota Arabelle Dawson Scholarship

DESCRIPTION: Awarded to a recipient with a major in education and attending a Florida college/university.

7. Deadline to Apply: April 20, 2026
8. Scholarship Amount: $1000
9. Scholarship Qualifications:
   - GPA: 3.0
   - Gender: N/A
   - Test Scores: Considered
   - Financial Need: Considered
   - Other: N/A
10. Scholarship Length: 1 year
11. Scholarship Renewable: Yes
12. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the St. Lucie Education Foundation Local Scholarship application provided in this guide (see Appendix) and email completed form to simarid@aol.com or mail ONE COPY of the complete application packet to:

Kappa Kappa Iota Arabelle Dawson Scholarship
Attention: Debbie Simari
8197 Blolly Court
Port St. Lucie, FL 34952

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SCHOLARSHIP NAME: Marine Industries Association of the Treasure Coast Robert J. Skidmore, Sr. Scholarship

DESCRIPTION: Awarded to high school seniors pursuing a career in any facet of the Marine industry or marine related field.

1. Deadline to Apply: February 27, 2026
2. Scholarship Amount: up to $1,000 (2)
3. Scholarship Qualifications:
   - GPA: 2.8
   - Gender: N/A
   - Test Scores: Considered
   - Financial Need: Considered
   - Other: Short essay (500 words max.) describing interest in the marine industry or marine related field, financial need, and career goals. Must be a resident of Martin, St. Lucie, Indian River or Okeechobee Counties.
4. Scholarship Length: up to 4 years
5. Scholarship Renewable: Yes
6. Method of Payment: Paid to recipient upon receipt of proof of enrollment in a qualified institution.

Use the MIATC's application located on MIATC.ORG and mail or email ONE COPY of the complete application packet to:

Marine Industries Association of the Treasure Coast, Inc.
P.O. Box 1639
Stuart, FL 34995
exec@miatc.org

SCHOLARSHIP NAME: Order Sons and Daughters of Italy in America Port St. Lucie Lodge #2594

DESCRIPTION: Awarded to a graduating senior of Italian descent.

1. Deadline to Apply: April 15, 2026
2. Scholarship Amount: $1,500 (2)
3. Scholarship Qualifications:
   - GPA: Considered
   - Gender: N/A
   - Test Scores: Considered
   - Financial Need: Considered
   - Other: Recipient must be of Italian descent.
4. Scholarship Length: Renewable
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Complete the application at Bernard DiGiovanni Memorial Scholarship Application or visit https://osiaportstlucie.org/scholarships.php for more information.

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: Pan American Round Table of the Treasure Coast Scholarship

DESCRIPTION: Awarded to a graduating public high school senior of Hispanic descent who is bilingual and from a Pan American country, excellent in leadership and community involvement.

1. Deadline to Apply: March 30, 2026
2. Scholarship Amount: $1,000
3. Scholarship Qualifications:
   - GPA: 3.0
   - Gender: N/A
   - Test Scores: Yes
   - Financial Need: Yes
   - Other: Please provide 2 letters of recommendation and a letter from applicant with DESCRIPTION of his/her goals.
4. Scholarship Length: 1 year
5. Scholarship Renewable: Possibly, depending on performance
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail ONE COPY of the complete application packet to:

Pan American Round Table of the Treasure Coast
P.O. Box 7204
Port St. Lucie, FL 34985
(772) 877-3306

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: Phi Beta Scholarship

DESCRIPTION: Awarded to a minority male high school senior from St. Lucie County.

1. Deadline to Apply: April 15, 2026
2. Scholarship Amount: $1,000
3. Scholarship Qualifications:
   - GPA: Considered
   - Gender: Male
   - Test Scores: Considered
   - Financial Need: Considered
   - Other: N/A
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Not provided for this guide

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail ONE COPY of the complete application packet to:

Dr. David T. Washington
Phi Beta Sigma Fraternity Inc.
PO Box 1881
Fort Pierce, FL 34954-1881

SCHOLARSHIP NAME: Pilot Club of Fort Pierce

DESCRIPTION: Awarded to graduating seniors or previously graduated students from St. Lucie County Schools. Applicants should be planning to, or currently enrolled in a college, vocational school, or technical institute program.

1. Deadline to Apply: April 15, 2026
2. Scholarship Amount: $1,000 for high school students, $500 for continuing education.
3. Scholarship Qualifications:
   - GPA: Considered
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: Considered
   - Other:
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Winners will be notified by Pilot Club of Fort Pierce, check sent to college, vocational schools, or technical institute, upon receiving proof of enrollment.

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail ONE COPY of the complete application packet to:

Adele Lowe, Scholarship Chairperson
Pilot Club of Fort Pierce, Inc.
4051 Gator Trace Road
Fort Pierce, FL 34982
(772) 465-9189

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: St. Lucie County Farm Bureau College Scholarship

DESCRIPTION: Awarded to students studying agriculture.

1. Deadline to Apply: March 18, 2026
2. Scholarship Amount: up to $1,000
3. Scholarship Qualifications:
   - GPA: 3.0
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: N/A
   - Other: Agriculture related field must be a Farm Bureau Member.
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to recipient upon receipt of proof of enrollment.

Use the organization's application provided by in this guide (see Appendix). Email the completed application pack to Blankenbaker.jenna@gmail.com AND mail ONE COPY of the packet to:

St. Lucie County Farm Bureau, Awards Committee
3327 Orange Avenue
Fort Pierce, FL 34947
(772) 465-0440

2025-2026 Local Scholarship Guide

Scholarship Name: The Treasure Coast Chapter of the Charmettes, Inc.
(St. Lucie County Chapter of the Charmettes, Inc.)

Description: Awarded to a deserving student in pursuit of a college education.

1. Deadline to Apply: May 15, 2026
2. Scholarship Amount: $1,000
3. Scholarship Qualifications:
   - GPA: 2.5
   - Gender: N/A
   - Test Scores: Yes
   - Financial Need: Yes
   - Other: Community Service
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the St. Lucie County Education Foundation local scholarship application provided in this guide (See Appendix) and mail ONE COPY of the complete application packet to:

Luvenia Morgan
St. Lucie County Chapter of the Charmettes', Inc.
P.O. Box 1676
Fort Pierce, FL 34954

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: Southern Scholarship Foundation

DESCRIPTION: A rent-free housing scholarship program for students of outstanding academic ability who need substantial financial assistance to attend college at Florida A&M University, Florida Gulf Coast University, Florida State University, Santa Fe College, Tallahassee State College, and University of Florida. We offer community living in 26 homes statewide that house 10-27 students each.

1. Deadline to Apply: Accepted year-round, priority deadlines: April 01, 2026
2. Scholarship Amount: Rent-free housing
3. Scholarship Qualifications:
   - GPA: 3.0
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: Yes
   - Other: Recommended by school officials, must be no more than 25 years old on move-in date
4. Scholarship Length: 1 year
5. Scholarship Renewable: Yes
6. Method of Payment: N/A

Must complete the organization's application at www.southernscholarship.org.

SCHOLARSHIP NAME: Spencer Gilbert Scholarship

DESCRIPTION: Be an FPHA Housing Program Resident in Good Standing

1. Deadline to Apply: Year-round application
2. Scholarship Amount: Varies
3. Scholarship Qualifications:
   - GPA: 2.5 or higher
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: Yes
   - Other: Applicant must be a FPHA Housing Program Resident in good standing.
4. Scholarship Length: one term
5. Scholarship Renewable: Yes
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Application can be downloaded through the Fort Pierce Housing Authority, Spencer Gilbert Scholarship.

The completed application and required paperwork must be submitted to:
Fort Pierce Housing Authority Main Office
511 Orange Avenue
Fort Pierce, Florida 34950.

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: The CACG Honorary Family Scholarship – Caribbean Cultural American Group

DESCRIPTION: This scholarship was established to recognize active members of the Caribbean American Cultural Group by contributing to tuition for a family member bound for a college or vocational program.

1. Deadline to Apply: March 27, 2026
2. Scholarship Amount: $2000
3. Scholarship Qualifications:
   - GPA: 3.0 or higher
   - Gender: N/A
   - Test Scores: SAT and/or ACT
   - Financial Needs: Yes
- Other: REQUIRED:
  A. Completed Local Scholarship Application provided in this guide and all documents detailed in the application.
  B. One-page synopsis explaining the applicant's career plans, goals, community service
  C. A brief report on research findings about the Caribbean American Cultural Group
  D. Two passport-size photographs
4. Scholarship Length: Two academic years. Renewal for the second year is dependent on the submission of first-year grades/performance reports and consistent communication with CACG.
5. Method of Payment: Paid to institution, $1,000 per year upon receipt of proof of enrollment.

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail the complete application packet to:

Ms. Dawn Bloomfield
or The Secretary CACG
P.O. Box 8701
Port St. Lucie, FL 34985

Contact Information:
Ms. Jan Oliver-Roberts, 772 333 6796; janoliver-roberts@hotmail.com
Ms. Frances Coke, 772 240 4477; frances.coke1409@gmail.com

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: The Karl C. Godfrey Scholarship – Caribbean Cultural American Group

DESCRIPTION: This scholarship was recently established in honor of the late Karl C. Godfrey, a stalwart CACG member and founder of CACG's annual Interfaith Memorial Celebration honoring the life and legacy of Dr. Martin Luther King Jr.

This scholarship celebrates students who demonstrate academic promise, community spirit, and a commitment to advancing technology—reflecting both Mr. Godfrey's dedication to service and Dr. King's enduring vision of empowerment through education.

1. Deadline to Apply: March 27, 2026
2. Scholarship Amount: $1500
3. Scholarship Qualifications:
   - Field of Study: Applicants must be pursuing studies in technology (e.g., computer science, information technology, engineering technology, or related fields).
   - GPA: 3.0 or higher
   - Gender: N/A
   - Test Scores: SAT and/or ACT
   - Financial Needs: Yes
- Other: REQUIRED:
  A. Completed Local Scholarship Application provided in this guide and all documents detailed in the application.
  B. One-page synopsis explaining the applicant's career plans, goals, community service
  C. A brief report on research findings about the Caribbean American Cultural Group
  D. Two passport-size photographs
4. Scholarship Length: One academic year
5. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail the complete application packet to:

Ms. Dawn Bloomfield
or The Secretary CACG
P.O. Box 8701
Port St. Lucie, FL 34985

Contact Information:
Ms. Jan Oliver-Roberts, 772 333 6796; janoliver-roberts@hotmail.com
Ms. Frances Coke, 772 240 4477; frances.coke1409@gmail.com

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: The Thelma Lake Scholarship – Caribbean Cultural American Group

DESCRIPTION: This scholarship was established in honor of the late Thelma G. Lake, a stalwart CACG board member and chair of several committees. Mrs. Lake was a faithful and devoted member of the nursing profession serving as a nurse practitioner and health administrator.

1. Deadline to Apply: March 27, 2026
2. Scholarship Amount: $2000
3. Scholarship Qualifications:
   - Field of Study: Applicants must be pursuing studies in medical or allied fields.
   - GPA: 3.0 or higher
   - Gender: N/A
   - Test Scores: SAT and/or ACT
   - Financial Needs: Yes
- Other: REQUIRED:
  A. Completed Local Scholarship Application provided in this guide and all documents detailed in the application.
  B. One-page synopsis explaining the applicant's career plans, goals, community service
  C. A brief report on research findings about the Caribbean American Cultural Group
  D. Two passport-size photographs
4. Scholarship Length: Two academic years. Renewal for the second year is dependent on the submission of first-year grades/performance reports and consistent communication with CACG.
5. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail the complete application packet to:

Ms. Dawn Bloomfield
or The Secretary CACG
P.O. Box 8701
Port St. Lucie, FL 34985

Contact Information:
Ms. Jan Oliver-Roberts, 772 333 6796; janoliver-roberts@hotmail.com
Ms. Frances Coke, 772 240 4477; frances.coke1409@gmail.com

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: Treasure Coast (FL) Chapter of the Links, Inc. Scholarship

DESCRIPTION: Financial award to student classified as a senior who has met all state and district requirements to graduate in May/June of the current school year and who will be attending an accredited postsecondary institution.

1. Deadline to Apply: March 5, 2026
2. Scholarship Amount: TBD annually, generally $1000
3. Scholarship Qualifications:
   - GPA: 3.0 (un-weighted)
   - Gender: Male or Female
   - Test Scores: SAT, ACT
   - Financial Need: Statement of financial need
   - Other: REQUIRED:
     E. Completed Local Scholarship Application provided in this guide
     F. Essay of personal goals
     G. Two letters of recommendation
     H. Official transcript
     I. Small color photo
     J. Most recent U.S. Federal Income Tax Return
4. Scholarship Length: One time award
5. Scholarship Renewable: No
6. Method of Payment: Paid to student upon receipt of official acceptance letter, official record of registration, with courses listed to the address below on or before September 30th during his or her first Fall semester

Complete the online application found on https://www.treasurecoastlinksinc.org/scholarship. Applications must be submitted online by the deadline. Please email **steamready1tc@gmail.com** if you have any questions.

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: Treasure Coast Community Singers Scholarship

DESCRIPTION: The Treasure Coast Community Singers, Inc. is a non-profit organization which promotes music. To help accomplish that goal, TCCS established a scholarship program to award scholarships to area high school seniors who have participated in their school and/or community music programs and plan to pursue a post-secondary education. Preference will be given to students who participate in TCCS programs and students who plan to pursue a career in music.

1. Deadline to Apply: January 31, 2026
2. Scholarship Amount: $1,000 (Multiple awarded each year)
3. Scholarship Qualifications:
   - GPA: Considered
   - Gender: N/A
   - Test Scores: N/A
   - Financial Need: N/A
   - Experience in music: Required
   - Other: Student must complete the TCCS Scholarship Application Form on his/her school platform or on our website at https://www.tccsingers.org/scholarship.
     The application must be typed and not handwritten.
     Two (2) letters of recommendation and a school transcript must be submitted with application. Student must plan to pursue post-secondary education/training. Recipient should be present at the TCCS May Concert to accept the award.
4. Scholarship Length: One time award
5. Scholarship Renewable: No
6. Method of Payment: Paid to recipient with proof of enrollment in a post-secondary Program

Use the Treasure Coast Community Singers application provided in this guide (see Appendix). Email your completed application to Scholarshiptccs@gmail.com or mail to:

TCCS Scholarship Team
PO Box 1789
Jensen Beach, FL 34958

2025-2026 Local Scholarship Guide

SCHOLARSHIP NAME: Woman's Club of Fort Pierce Scholarship

DESCRIPTION: Awarded to a St. Lucie County resident who will graduate from a St. Lucie County public high school and be accepted to attend an accredited college or university for the coming year.

1. Deadline to Apply: March 16, 2026
2. Scholarship Amount: $1000
3. Scholarship Qualifications:
   - GPA: 3.0 or higher
   - Gender: N/A
   - Test Scores: SAT and/or ACT
   - Financial Needs: Yes
   - Other: N/A
4. Scholarship Length: 1 year
5. Scholarship Renewable: No
6. Method of Payment: Paid to institution upon receipt of proof of enrollment.

Use the St. Lucie County Education Foundation Local Scholarship application provided in this guide (see Appendix) and mail TWO COPIES of the complete application packet to:

Scholarship Chairperson
Woman's Club of Fort Pierce
2408 South 29th Street
Fort Pierce, FL 34981
(772) 971-4648

APPENDIX
SCHOLARSHIP APPLICATIONS

Alzheimer's & Parkinson's Association of the Treasure Coast, Inc	Pages ii – iv
American Muslim Alliance of Florida Scholarship	Pages v – vii
Fort Pierce Chapter of Delta Sigma Theta Sorority	Pages viii - xiii
Fort Pierce Central/Fort Pierce Westwood Class of 1979 Scholarship	Pages xiv – xvi
Fort Pierce Jazz & Blues Scholarship	Page xvii
Friends of 440 Scholarship Fund, Inc.	Pages xviii - xxxvi
Kappa Alpha Psi Fraternity	Pages xxxvii - xl
Spanish American Club, Inc. (SACI) Scholarship	Page xli - xlii
St. Lucie County Education Foundation Local Scholarship	Pages xliii – xlvi
St. Lucie County Farm Bureau Scholarship	Pages xlvii - xlviii
St. Lucie County Master Gardener Volunteer Scholarship	Pages l - li
Treasure Coast Community Singers Scholarship	Pages lii- lvi

ALZHEIMER'S & PARKINSON'S ASSOCATION OF THE TREASURE COAST, INC.

Scholarship Eligibility and Requirements

-2026-

Student Scholarship Application Form Submitted via email on/before midnight on April 1, 2026____

High School/College: _____

Name: _____
First Last

Address: _____
Street City

Date of Birth _____ Cell Phone Number: _____

Email Address: _____

List Colleges in order of preference indicate if it is a two-year or four-year program, and if you've been accepted:

1. _____
2. _____
3. _____

Intended Course of Study: _____

Contact information for person writing letter of recommendation. Letter of recommendation is due by April 1, 2025.

_____

Name Relationship

_____

Position Email

In a separate attachment, please provide a short statement (150 words or less) describing your goals while enrolled in school and your future career plans.

ALZHEIMER'S & PARKINSON'S ASSOCATION OF THE TREASURE COAST, INC.

Scholarship Eligibility and Requirements

-2026-

Student Scholarship Application Form

OR Attach Your Resume That Includes the Following

Name: _____

ACTIVITIES - Please indicate years of participation for each activity.

School Related Activities:

_____

_____

_____

Community Activities:

_____

_____

_____

_____

_____

Honors/ Awards:

_____

_____

_____

_____

_____

_____

Paid Employment (include place of work, position held, period of employment):

_____

_____

_____

_____

_____

Leadership Positions:

_____

_____

_____

_____

_____

ALZHEIMER'S & PARKINSON'S ASSOCATION OF THE TREASURE COAST, INC.

Scholarship Eligibility and Requirements

-2026-

Name: _____

THIS COMPLETED APPLICATION IS TO INCLUDE:

- Completed application form
- 150-word statement describing goals while enrolled in school, and future career plans
- Official or unofficial copy of student transcript
- One letter of recommendation (by teacher, or employer, or religious leader, etc.)

All completed applications must be submitted to Alzheimer's & Parkinson's Association of the Treasure Coast, Inc in one PDF file via email to aaptc@gmail.com no later than April 1, 2026.

Subject line must state: Applicant's full name – SSN Scholarship Program 2026.

Incomplete applications will not be reviewed.

Please direct all questions to Christine Rigg, by emailing elderhcs@gmail.com or calling (561) 445-9937

Alzheimer's & Parkinson's Association of the Treasure Coast, Inc is proud to announce the Scholarship Program in honor of Pat Sacco. Scholarships are available to any student who meets the eligibility requirements cited below. T w o $ 2 0 0 0 Scholarships will be awarded.

Scholarship Eligibility Requirements:

- College students planning to enroll in an accredited two or four-year college, university, or vocational/technical school for full-time study relating to the healthcare field
- Must be in good standing with your current high school
- Carry a minimum 3.00 GPA at the end of their junior year of high school
- Applicants may only apply for one scholarship per year
- Acceptance letter from school of choice
- Complete application submitted no later than midnight on April 1, 2026

Scholarship Program Description:

The **Alzheimer's & Parkinson's Association of the Treasure Coast, Inc** provides scholarships to individual's enrolled in studies associated in the Healthcare Industry. Scholarships are awarded in June for the 2025/2026 school year, payable to the school. Scholarship recipients are recognized at a special breakfast in June. The amount to be awarded each year depends upon the applicant's qualification and available funds.

In the name of Allah, the beneficent, the merciful

AMERICAN MUSLIM ALLIANCE OF FLORIDA INC.

11694 Sunrise View Lane, Wellington, Florida 33449

561-619-5388, Cell: 561-523-0922

mchowdhury@americanmuslimalliance.org

Dear Applicant:

The American Muslim Alliance of Florida Inc. will be awarding a total of $20,000 in scholarships to thirty students in support of Florida high school senior students in pursuit of a college education. The top 10 students will each receive a scholarship in the amount of $1,000. In addition, 20 students will each receive a scholarship in the amount of $500.

Applicants must meet the following criteria to qualify:

1. The applicant must be graduating from a public, private, or home school within the state of Florida and entering college as a full-time student.
2. Applicant must have a cumulative **GPA** of at least 3.0 and attach official copies of school transcripts.
3. Applicant must provide two letters of recommendation from teachers of core subjects. Please limit letters of recommendation to one page for each recommendation.
4. Applicant's guidance counselor must complete page 2.
5. Applicant must compose and type a **one-page, single-spaced essay** stating why you should be awarded a scholarship, and why you plan to further your studies at a college or university.
6. Applicant completes and submits page 4.

Scholarship Program is open for students of all faith and race. The winners will not be announced before the Scholarship Award Ceremony.

APPLICATION DEADLINE: *All completed applications must be received on or before May 4th,* 2026 in the office of AMAF. Applications received or postmarked after this date will not be considered. Send the completed applications to: AMAF, INC., 11694 Sunrise View Lane, Wellington, FL 33449 ATTN: Scholarship Committee.

Thank you for applying with American Muslim Alliance of Florida Inc. Scholarship.

For Further information, please contact:

President Mohammed Osman Chowdhury Tel: 561-523-0922	**Director Shamim Razin** Tel:772-530-2674	**Director Imran Aziz** Tel: 561-767-6048
Vice President Shakir Ahmed Tel:561-351-6163	**Director Mohiuddin Chowdhury** Tel: 941-894-4365	Director **Ruby Awlad** Tel: 954-628-2992

Note: AMAF, Inc. reserves the right to modify or cancel any aspect of this scholarship program and/or any related information contained in this scholarship program, in each case, without prior notice. AMAF, Inc. shall not be responsible, and specifically disclaims any responsibility, for the consequences of any such modification or cancelation and reserves the right to accept or reject (for any or no reason) any application. AMAF, Inc. has no obligation to grant a scholarship to any Applicant to renew any scholarship once it has been granted or to offer employment or an internship to any applicant.

In the name of Allah, the beneficent, the merciful
AMERICAN MUSLIM ALLIANCE OF FLORIDA INC.
11694 Sunrise View Lane, Wellington, Florida 33449
561-619-5388, Cell: 561-523-0922
mchowdhury@americanmuslimalliance.org

STUDENT SCHOLARSHIPAPPLICATION

Complete each item. Please print in black ink only.

THIS SECTION TO BE FILLED OUT BY STUDENT APPLICANTS ONLY

NAME_____
LAST FIRST MIDDLE INITIAL

HOME ADDRESS _____
STREET CITY/STATE ZIP

E-MAIL ADDRESS_____

TELEPHONE NUMBER _____
HOME WORK CELL

SS#, (optional)_____(Last four digit) DATE OF BIRTH_____

HIGH SCHOOL PRESENTLY ATTENDING_____

Extra-Curricular Activities, Honors, Awards, Positions of Leadership: (use additional sheets if necessary)

_____

_____

_____

College/University you plan to attend _____

Intended Areas of Study_____

STATEMENT OF APPLICANT

The applicant certifies that: I have read and understood the conditions of the AMAF Office Student Scholarship Application.

Applicant's Signature_____Date_____

Parent/Guardian's Signature_____Date_____

FATHER'S NAME_____MARITAL STATUS_____
OCCUPATION_____EMPLOYER'S NAME_____
MOTHER'S NAME_____MARITAL STATUS _____
OCCUPATION_____EMPLOYER'S NAME_____

NUMBER OF FAMILYMEMBERS _____

INDICATE FIGURE NEAREST TO AMOUNT OF FAMILY GROSS INCOME FOR 2023 or 2024; INCLUDE ALL SOURCES OF INCOME.

_____$30,000 TO $ 40,000_____$60,001 TO 85,000_____ $40,001 TO $50,000
_____$85,00 TO 110,000_____$50,001 TO $60,000_____$110,001 AND ABOVE

In the name of Allah, the beneficent, the merciful
AMERICAN MUSLIM ALLIANCE OF FLORIDA INC.
11694 Sunrise View Lane, Wellington, Florida 33449
561-619-5388, Cell: 561-523-0922
mchowdhury@americanmuslimalliance.org

COUNSELOR(S) STATEMENT

I,_____, certify that_____

is a candidateforgraduation of_____, and has a current GPA of_____

SATscoreof_____and/orACTscoreof _____

Additional Comments:

_____
_____
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_____
_____

Counselor's Signature:

Fort Pierce Chapter of Delta Sigma Theta Sorority

SCHOLARSHIP APPLICATION DATA

Name:		
Street Address:	City:	Zip Code:
Home Phone:	Cell	
Email Address:	Gender: Female ☐ Male ☐	
Parent Names:	First Generation College Student: Yes ☐ No ☐	
Parent Occupations		
Are you: US Citizen ☐ US National ☐ US Permanent Resident ☐		

Sibling Name	Age	Grade Level	Address if different from above

POST SECONDARY DATA

NAME OF SCHOOL YOU PLAN TO ATTEND		APPLIED		ACCEPTED	
		Yes	No	Waiting Decision	Yes
1st CHOICE:		☐	☐	☐	☐
2nd CHOICE:		☐	☐	☐	☐
3rd CHOICE:		☐	☐	☐	☐

FIELD OF STUDY YOU PLAN TO PURSUE:

TRANSCRIPT DATA

APPLICANT RANK:	**IN A CLASS OF:**	
CUMULATIVE WEIGHTED GPA:	**CUMULATIVE UNWEIGHTED GPA:**	
ACT COMPOSITE:	**SAT VERBAL:**	**SAT MATH:**
WAITING FOR SCORES: ☐	**TAKING SAT AGAIN: YES** ☐ **NO** ☐	

FINANCIAL NEED STATEMENT

ESTIMATED COST PER YEAR OF COLLEGE	TUITION	ROOM/BOARD

DO YOU HAVE:

☐ FLORIDA PRE-PAID- TUITION ONLY?

☐ FLORIDA PRE-PAID- TUITION, ROOM, AND BOARD?

AMOUNT FAMILY CAN CONTRIBUTE PER YEAR: _____.

PERSONAL SAVINGS YOU HAVE PUT ASIDE FORE EDUCATION: _____.

FAMILY'S ANNUAL GROSS INCOME PER THE PRIOR YEAR (IRS 1040 TAX FORM)
(Subject to verification, the 1040 will be requested for some scholarships)

☐UNDER $20,000 ☐$40,000-$50,000 ☐$70,000-$90,000 ☐$125,000-$140,000
☐$20,000-$30,000 ☐$50,000-$60,000 ☐$90,000-$110,000 ☐$140,000-$160,000
☐$30,000-$40,000 ☐$60,000-$70,000 ☐$110,000-$125,000 ☐$160,000-AND OVER

STUDENT WORK EXPERIENCE:

EMPLOYER	DATES	SCHOOL YR. HRS/WEEK	SUMMER HRS/WEEK	RESPONSIBILITIES

UNIQUE CIRCUMSTANCES

Are there any special *financial or personal* circumstances that need to be considered?

SCHOOL INVOLVEMENT

List all ***school activities, clubs, and sports*** that you were involved in. Estimate the hours per year and school years you spent within each activity, club, or sport. Please indicate special awards, honors or offices held.

COMMUNITY INVOLVEMENT

List all ***community activities/ volunteer work for non-profit organizations*** you have done, such as, activities through church, non-school organizations, scouting, theatre, environmental groups, etc. Include total number hours and length of time for each organization. Please indicate special awards, honors, or offices held.

What do you feel is your most positive contribution to your high school or to one of your community activities? Explain.

Essay (What are Your Personal Goals (Not to exceed 250 words. Please use space below)

Fort Pierce Alumnae Chapter

Delta Sigma Theta Sorority

Annual Scholarship Awards Program

The awards are intended to provide recognition and financial support for qualified students in St Lucie, Indian River, and Martin Counties who:

Have a 2.75 or better GPA, unweighted.

Have a financial need

Applicants must be qualified as senior and have met all State and district requirements to graduate in May/June of the current school year. All applicants must have the intent to attend an accredited post - secondary institution in order to receive the award.

Applications must be **received by March 1**, and must include the following:

- Completed, signed application form
- Essay of personal goals
- Two letters of recommendation
- Official transcript
- Small color photo
- Most recent U.S. Federal Income Tax Return

Submit Applications to: Fort Pierce Alumnae Chapter of Delta Sigma Theta Sorority
Scholarship Committee
P.O. Box 1421
Fort Pierce, Florida 34954

The recipients of the scholarship in each county will be announced at the high school scheduled Scholarship Award night.

To receive the scholarship award, recipient must submit an official letter of acceptance and an official record of registration, with courses listed, to the above address on or before **March 1, 2026** during her first quarter. 1 year scholarship.

Scholarship is non-renewable. Scholarship amount varies between $500-$1000.

CERTIFICATION AND SIGNATURE

Check List

☐Completed, signed application form (including essay of personal goals)
☐Two Letters of Recommendation
☐Any special attachments (resume, transcript, IRS Information, if requested)

All of the information included on this form, including attachments, is true, correct and complete. Verification may be obtained from any source.

STUDENT SIGNATURE DATE

GUIDANCE COUNSELOR SIGNATURE DATE

Fort Pierce Central and Fort Pierce Westwood Class of 1979
Larry Hollett Memorial Scholarship Application

Student Information

Name: _____
Last First Middle

Mailing Address: _____

_____
City State Zip

Home Telephone: _____ Cell Phone: _____

Date of Birth: _____ E-mail: _____

High School Attended: _____ Year of Graduation: _____

Extra-Curricular Activities: _____

Leadership Roles: _____

Academic Awards, Special Recognitions, or Honors: _____

_____

Community Service Total Hours: _____

Activities and Hours per Activity: _____

_____

Special Interests or Hobbies: _____

_____

Work Experience (Employer, Position, and Dates): _____

_____

Educational Goals: _____

Career Objectives: _____

Do you have Florida Prepaid College? _____ Do you have Florida Bright Futures? _____

College(s) Planning to Attend: _____

Have you applied? _____ Have you been accepted? _____

Are there any special financial or personal circumstances that need to be considered? _____

_____

Parent Information

Parent/Guardian 1

Name: _____
Last First Middle

Mailing Address: _____

_____
City State Zip

Total Annual Income: _____ Number of Children in Household or College: _____

Marital Status: _____

Signature: _____

Parent/Guardian 2

Name: _____
Last First Middle

Mailing Address: _____

_____
City State Zip

Total Annual Income: _____ Number of Children in Household or College: _____

Marital Status: _____

Signature: _____

Guidance Counselor Information

SAT Total Score: _____ ACT Composite Score: _____

Weighted GPA: _____ Unweighted GPA: _____ Class Rank: _____

Counselor Signature: _____

Additional Documentation Required

In addition to the completed application, the following items need to be submitted:

- 2 signed letters of recommendation from sources such as teachers, guidance counselors, school administrators, and employers (no family members).
- A 500-word essay discussing a challenge you have faced and how you overcame the challenge. The essay should be typed, double-spaced, with one-inch margins using a twelve-point font.

Certification and Signature

All the information included on this form, including attachments, is true, correct and complete. Please be aware that incomplete applications and plagiarized essays will result in disqualification.

Signature: _____ Date: _____

Mail completed application and additional documentation to:

Fort Pierce Central/Fort Pierce Westwood Class of 1979 Scholarship Committee
PO Box 1595
Fort Pierce, FL 34954

FT. PIERCE JAZZ AND BLUES SOCIETY

SCHOLARSHIP 2026

High school seniors in Martin, Okeechobee, St. Lucie, Indian River, Glades and Highland Counties are eligible. Requirements include a resume and an audition.

Audition dates are June 8 and 9 at Indian River Charter High School. Awards and $1,000 checks will be presented June 12 to those who pass the audition. These dates coincide with the Jazz Society Jazz Camp, June 8-12.

The resume (essay, vitae sheet, bio) should be typed, neat, grammatically correct and one page. The content should contain more prose than lists. Basically, what did you do in high school and what will you do now?

The audition is you and a professional rhythm section performing two tunes approved beforehand. Bring four copies of the lead sheets and your essay to the audition. You are the leader so you decide key, tempo, style and form. Some improvisation will be expected. Four Jazz Society members will adjudicate.

Attending Jazz Society concerts and performing at Jazz Jams is your best way to prepare for the audition. Jazzsociety.org has dates, times and locations. Entrance for you is free, you will always be welcomed and suggestions from the musicians will be encouraging and helpful. This is real practice for your audition.

I will answer emails or texts to clarify any part of the process.

Alfred Hager, Chairman
Education and Scholarship
alfredhager@bellsouth.net
772.341.5685

FRIENDS OF 440 SCHOLARSHIP FUND, INC.
STATEMENT OF PURPOSE & APPLICATION

Deadline: February 28, 2026

STATEMENT OF PURPOSE

The purpose of Friends of 440 Scholarship Fund is to aid dependents of workers who are injured in the course and scope of their employment and receive benefits under the Florida Workers' Compensation Law and who reside or whose accident occurred in the State of Florida. Applicants must not be related directly or indirectly to any member of the Board of Directors. Furthermore, dependents of individuals who primarily engage in the operation and/or administration of the Florida Workers' Compensation Law are eligible to receive the scholarship on a statewide basis. This scholarship is intended to aid students who lack the economic ability to continue education beyond high school or to further their college education. Applications must be submitted no later than February 28th of the year the scholarship is to be awarded.

The organization's name was adopted from the Florida Workers' Compensation Law, Chapter 440, Florida Statutes. It is recognized by the IRS as a 501(c)(3) tax-exempt charitable organization.

REQUIREMENTS

You may complete this application online or download the PDF and send via email to:
lori@440scholarship.org

Or by US Mail: Friends of 440 Scholarship Fund, Inc.
One Datran Center
9100 South Dadeland Blvd., Suite 1600
Miami, FL 33156-7818

For additional information and updates:
Website: www.440scholarship.org
Phone: (305) 423-8710

Grade Point Average

High school applicants must have a 2.70 GPA; college applicants must have a 3.0 GPA to apply. All applicants must maintain a cumulative 3.0 GPA for all renewals of the scholarship. The scholarship is not available for students attending graduate school.

Notice of Non-Discriminatory Policy

Friends of 440 Scholarship Fund, Inc. does not discriminate on the basis of race, color, national or ethnic origin.

Mandatory – Applications Must Include Photocopies (Not Originals) of the Following;

- Copy of 2025 tax return of parent(s) and/or guardian
- Copy of applicant's 2025 tax return (if returns are not available by application deadline, notify the office)
- Copy of applicant's most recent school transcript.
- FAFSA form information – go to www.fafsa.gov to file
- If parents are divorced, copies of (1) divorce decree, (2) court order of support and (3) property settlement agreement.

Applications will NOT be processed if ANY of the above documents are missing.

I. STUDENT APPLICATION

INSTRUCTIONS

This portion of the application should be completed by the individual who is applying for the scholarship. Please answer all questions. Read the application in its entirety before completing. Please type or print in black or blue ink only. Answer all questions. Sign your name where indicated on page five. If more room is needed to complete any answer, attach a page to the back of this application referencing the appropriate question number. **This fill-in form allows you to enter more characters than will appear when it is printed. Please proof read the form carefully after you print it to make sure your answers appear as you intended.**

Check One: ☐ NEW APPLICANT ☐ RENEWAL APPLICANT

1. Name: _____ _____ _____
   Last First Middle Initial

2. Address: _____ Apt. _____
   _____ _____ _____ _____
   City County State Zip Code

3. Phone: _____ Cell Phone: _____

   E-mail: _____

4. Social Security No.: _____

5. QUALIFICATIONS FOR SCHOLARSHIP – Choose one and complete 5a or 5b as appropriate. If you do not meet one of these, you are not eligible for the scholarship.

   ☐ I am a dependent of an injured worker.
   ☐ I am a dependent of individual involved in the administration of the Florida Workers' Compensation Law (adjuster, case manager, support staff, rehabilitation provider, etc.).

   State why you are eligible to receive this scholarship as it relates to the Statement of Purpose on page one.

   _____

5a. Name of injured Worker: _____

   Social Security No.: _____ Date of Accident: _____

   OJCC # (Case Number) of Injured Worker: _____

   Name and Address of Employer: _____

5b. Name of individual involved in the administration of the Florida Workers' Compensation Law.

Name and Address of Employer: _____

6. Education: List the schools you have attended.

Name of School and Address	Date of Attendance		Graduation Date
1.	From:	To:	
2.	From:	To:	
3.	From:	To:	

If now in college, what are you classified as?

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Grade Point Average: List the scores and current cumulative GPA at the school you are attending.

A COPY OF YOUR SCHOOL TRANSCRIPT MUST BE ATTACHED TO THIS APPLICATION.

S.A.T.: Verbal Math A.C.T. GPA

If your school does not use a 4.0 scale, what scale is used?

7. Extracurricular Activities: List all activities you are involved in (e.g. school, religious, civic related).

8. Personal History: Summarize any personal history you feel should be considered by the Scholarship Selection Committee in evaluating your application.

9. Work History: List jobs you have held including volunteer work, beginning with the current or most recent.

IF YOU FILED A TAX RETURN FOR THE PRIOR YEAR, YOU MUST ATTACH A COPY.

Employer Name & Address	Position	Date From	Date To	Hours Per Week	Salary
1.					
2.					

3.					

10a.What colleges have you applied to?

10b.What colleges have accepted you?

11. What college will you be attending (include city and state)?

12a. What is your planned major or area of study?

12b What is your major/minor if now in college?

13. Do you plan to be employed while attending college? Yes ☐ No ☐

If so, check one: Full-time employment ☐ or part-time employment ☐

Are you currently employed? Yes ☐ No ☐

14. What will your living arrangements be while in college? Check one:

Home ☐ Dorm ☐ Off Campus ☐ Other ☐ (please explain)

15. What scholarships or other sources have you applied to? Which do you anticipate receiving?

Name & Address of Source	Type of Award	Award Amount	Date Awarded
1.			
2.			
3.			
4.			

16. Bank Accounts: List all bank accounts you presently hold. If jointly owned, allocate and indicate your share and ownership interest of others (including checking, savings, certificates of deposit, money market and brokerage accounts).

Name of Bank or Asset	Branch	Account Number	Balance
1.			
2.			
3.			

17. Assets: If jointly owned, allocate and indicate your share and ownership interest of others which are worth in excess of $500 including stocks, bonds, autos, jewelry, etc.

Asset	Type of Asset	Number of Shares	Current Value
1.			
2.			
3.			

18. Loans: Do you have any bank and/or government loans for which you are personally responsible for payment? Yes ☐ No ☐ If yes, complete following:

Name & Address of Lending Institution	Account Number	Type of Loan	Loan Amount	Loan Balance	Maturity Date	Monthly Payment
1.						
2.						
3.						

19. Liabilities: List liabilities in excess of $500, including credit cards, medical bills or other major liabilities for which you are responsible.

To Whom Owed	Nature of Debt	Monthly Payment	Balance
1.			
2.			
3.			
4.			

20. Accounts Receivable: List any accounts receivable due to you.

Name & Address Receivable is Due From	Date Indebtedness Occurred	Monthly Payment	Maturity Date	Balance Due	Collateral, If Any
1 .					
2.					
3.					

21. Where did you hear about our scholarship?

22. Race/Ethnicity (Optional Question): This question is asked because occasionally foundations ask the Scholarship Fund for the total number of recipients awarded scholarships in these categories.

☐ African American or Black

☐ Asian

☐ Caucasian

☐ Latino

☐ Other:

STUDENT'S AFFIRMATION OF TRUTHFULNESS

I herewith affirm that the information contained herein and the documents which I have submitted herewith are true and correct. I am aware of the fact that in case the Scholarship Selection Committee finds this to be the contrary, that I forfeit all financial assistance.

Date

Applicant Name

Applicant Signature

II. PARENT(S) AND/OR GUARDIAN INFORMATION

INSTRUCTIONS

This section must be completed by the parent or guardian of the student**.** If the applicant's parents are separated or divorced, both parents must complete, sign, and submit an individual Part II of this application. If parents are living together, Part II only needs to be filled out by one parent, but must be signed by both parents. If more room is needed to complete any answer, attach a page to the back of this application referencing the appropriate question number.

A COPY OF YOUR TAX RETURN FOR THE PRIOR YEAR MUST BE ATTACHED TO THIS APPLICATION.

1. Name: _____ _____ _____
   Last First Middle Initial

2. Address: _____ Apt. _____
   _____ _____ _____
   City State Zip Code

3. Phone: _____ Cell Phone: _____

   E-mail: _____

4. Relationship to Applicant: _____

5. List the name, age, relationship and school currently attending for each person currently living in your household including the applicant.

Name	Age	Relationship	School	Grade	Tuition Amount
1.					
2.					
3.					
4.					
5.					

6.					

6. Do you have dependents who are not residing in your household? Yes ☐ No ☐ If yes, list name, age, relationship, and school currently attending for each person including the applicant.

Name	Age	Relationship	School	Grade	Tuition Amount
1.					
2.					
3.					
4.					
5.					
6.					

7. Residence Information:
   a. Do you own a home or condominium? Yes ☐ No ☐
   b. Do you rent an apartment, home or condominium? Yes ☐ No ☐
   c. List the following **monthly** expenses, if applicable:
      1. Mortgage Payment ☐ or Rent ☐ $
      2. Property Maintenance $
      3. Telephone $
      4. Utilities $
      5. Taxes and Insurance, not included in mortgage $
      6. Other $

8. Real Estate: List all real estate owned including homestead.

Address	Type of Property	Date Acquired	Cost	Market Value	Mortgage Amount	Monthly Payment

1.						
2.						
3.						
4.						

9. Assets: If jointly owned, allocate and indicate your share and ownership interest of others which are worth in excess of $500 including stocks, bonds, autos, jewelry, etc.

Asset	Type of Asset	Number of Shares	Current Value
1.			
2.			
3.			
4.			

10. Bank Accounts: If jointly owned, allocate and indicate your share and ownership interest of others (including checking, savings, certificates, certificates of deposit, money market and brokerage accounts).

Name of Bank or Asset	Branch	Account Number	Balance

1.			
2.			
3.			
4.			

11. Loans: Do you have any bank and/or government loans for which you are personally responsible for payment? Yes ☐ No ☐ If yes, complete the following:

Name & Address of Lending Institution	Account Number	Type of Loan	Loan Amount	Loan Balance	Maturity Date	Monthly Payment
1.						
2.						
3.						
4.						

12. Liabilities: List liabilities in excess of $500 including credit cards, medical bills or other major debts for which you are responsible. If joint, allocate equally and indicate your shares only.

To Whom Owed	Nature of Debt	Monthly Payment	Balance

1 .			
2.			
3.			
4.			
5.			
6.			

13. Account's Receivable: List any accounts receivable due to you.

Name & Address Receivable is Due From	Date Indebtedness Occurred	Monthly Payment	Maturity Date	Balance Due	Collateral, If Any
1.					
2.					
3.					

14. Work History (Mother's Information):

Mother's Social Security Number:

Are you employed? Yes ☐ No ☐

Employer's name:

Employer's address:

Job title/description:

Length of employment: Salary:

Is this a family-owned business? Yes ☐ No ☐

15. Work History (Father's Information):

Father's Social Security Number:

Are you employed? Yes ☐ No ☐

Employer's name:

Employer's address:

Job title/description:

Length of employment: _____ Salary: _____

Is this a family owned business? Yes ☐ No ☐

16. Marital Information:

a. Are you married? Yes ☐ No ☐ If yes, spouse's name and address:

Name: _____ _____ _____
Last First Middle Initial

Address: _____ Apt. _____

_____ _____ _____
City State Zip Code

b. Have you been previously married? Yes ☐ No ☐
If yes, provide full name, address and phone number of former spouse:

Name: _____ _____ _____
Last First Middle Initial

Address: _____ Apt. _____

_____ _____ _____
City State Zip Code

Phone: _____

c. Are you obligated to pay alimony, child support or separate maintenance? Yes ☐ No ☐
If yes, please explain.

d. Have you or your spouse ever been known by another name? Yes ☐ No ☐
If yes, please state name and explain:

e. Do you or the applicant receive alimony, child support, separate maintenance and/or state or federal assistance? Yes ☐ No ☐ If yes, please explain:

YOU MUST ATTACH COPIES OF (1) DIVORCE DECREE, (2) COURT ORDER OF SUPPORT, AND (3) PROPERTY SETTLEMENT AGREEMENT.

17. Total Family Income: List the total income of all dependents and family members living in your household.

Your average monthly gross from employment	$
Your average monthly gross from Workers' Compensation	$
Your average monthly gross from Social Security	$
Your average monthly gross from Unemployment	$
Spouse's monthly salary	$
Applicant's monthly salary	$
Other household member's combined income	$
Other income (rental property, business, etc.)	$

If other, describe:

Combined Monthly Total Income $

If there has been an appreciable recent change in your combined family income or expenses, please explain in detail.

18. What college funds do you have available for your dependent (the applicant) such as Bright Futures, Prepaid College Tuition, trust account, (tax code #) bonds, etc.? List all and the amounts available.

19. Please state why your dependent (the applicant) is eligible to receive this scholarship pursuant to the Statement of Purpose on page one.

20. If the applicant is a dependent of an injured worker please provide the following:

a. OJCC Claim Number (Case Number)

b. Details of Workers' Compensation claim (e.g., where accident occurred, what was the injury, did you lose any time from work?)

c. Is your claim open? Yes ☐ No ☐

d. Are you receiving medical benefits? Yes ☐ No ☐

e. Are you receiving monetary benefits? Yes ☐ No ☐

If yes, how much? $

f. Is your claim closed? Yes ☐ No ☐

If yes, amount of settlement and date of closure: $

Date:

PARENT AND/OR GUARDIAN AFFIRMATION OF TRUTHFULNESS

I herewith affirm that the information contained herein and the documents which I have submitted herewith are true and correct. I am aware of the fact that in case the Scholarship Selection Committee finds this to be the contrary, that I forfeit all financial assistance.

Date	Father's Name	Father's Signature
Date	Mother's Name	Mother's Signature

–- OR –-

Date	Guardian's Name	Guardian's Signature

Fort Pierce (FL)Alumni Chapter
Kappa Alpha Psi Fraternity, Inc.

2025 Kappa Alpha Psi Fraternity Earnest Edwards Scholarship Application

AWARD CRITERIA

1. The awards will be based on your application, personal essay, goals, honors/activities, and letters of recommendation.
2. Your high school class rank, grades, and ACT or SAT score will also be used in the review.
3. A virtual interview session (TBA) **may** be held if you are a finalist.
4. Incomplete packets or late applications will **NOT** be considered.
5. Total amount of scholarship funds will be split into 2 semesters Fall and Spring and disbursed to the college ONLY after documentation is received to the Ft. Pierce (FL) Alumni Chapter confirming that the awardee has been admitted and is registered for classes. This is for the freshman year only and must be completed within a year of the award.
6. This documentation should be in the form of a letter on the official letterhead of the institution stating that the awardee is a student for the semester in question.
7. The awardee has until the end of each semester to submit the correct documentation.

- To be eligible for a scholarship, you must be a **male** high school graduating senior in the class of 2026 with a GPA of 2.5 or higher and attending a local high school in the Treasure Coast area.
- Proof of community service record with youth advisor verification.

- Write an essay that answers the following: If you had the ability to change your school policies in a positive way, what specific changes would you make and why?
- The pages must be typed and double spaced. Please have the word count at the end of the essay. The essay form, content and impression are judged.

- Artificial intelligence, or A.I. on the essay portion is not permissible and will result in automatic disqualification. Plagiarism will also be grounds for disqualification.

- Please attach the file containing the essay with the application.
- Deadline for submission is on or before March 28, 2026 at 11:59 PM. **ONLY. NO EXCEPTIONS.**
- **The packets MUST be emailed on or before the above deadline. See email address below. Applicants or members of Kappa Alpha Psi Fraternity, Incorporated cannot hand deliver the application, transcript etc. to the chairperson or any committee members. Please see the instructions printed.**
- The transcripts are to be mailed to the address at the bottom of this application on or before the above date.

Each candidate has the possibility of accruing up to 10 points. The breakdown for each of the three criteria is detailed below. In the event of a tie, the results of an interview will serve as the tiebreaker.

COMMUNITY SERVICE POINTS:

Community service caps at 3 points

1 point = up to 50 hours of service provided

2 points = 51 to 99 hours of service provided

3 points = 100+ hours of service provided

GPA

GPA caps at 3 points

1 point = GPA of 2.5 to 3.1

2 points = GPA of 3.2 to 3.9

3 points = GPA 4.0 and above

ESSAY CRITERIA:

Essay caps at 4 points

1 point = poor

2 points = fair

3 points = good

4 points = excellent

Essay Elements

Form (grammar, organization and punctuation)

Content (main idea and supporting idea)

Impression (essence of the theme conveyed)

Fort Pierce (FL)Alumni Chapter
Kappa Alpha Psi Fraternity, Inc.

Instructions: Please complete the following in its entirety. ***Please Type on each line.***

Applicant Information

1._____
Last name (legal) First name (legal) Middle name (legal)

2._____
Permanent address City State Zip County

3._____
(Area code) Phone number E-mail address (if available)

4._____
Date of birth

5._____
High School Graduation Year

6._____
High school address City State Zip County

7. Next year you will be a: **(please check those that apply)**
   - ❑ First-Time College Student at_____
   - ❑ Full-Time College Student at _____
   - ❑ Part-Time College Student at _____

8. Your intended academic major: _____

9. Will you be a first-generation college student (one whose parents did not attend college)?
   - ❑ Yes
   - ❑ No

10._____
Grade Point Average SAT/ACT Score Class Rank

11. Please list your school and community activities and honors: (Please feel free to add additional pages)

_____
_____
_____
_____

12. Please document any special needs or extenuating circumstances that we should consider when reviewing your application. **(Use additional page if needed)**

_____
_____
_____
_____
_____

13. **Please list your social media profiles (names). This is very important !**

FACEBOOK/META_____
SNAPCHAT_____
TWITTER (X)_____
INSTAGRAM_____
TIKTOK_____
OTHER_____

Required Supporting Material:

Please include at least ***2,*** but no more than ***3*, Letters of Recommendation**, with your application. At least one letter must be from a teacher or other member of your academic community. ALL LETTERS SHOULD BE EMAILED (OR MAILED) DIRECTLY FROM THE RECOMMENDER or THE APPLICANT'S GUIDANCE OFFICE TO THE SCHOLARSHIP COMMITTEE AT ONE OF THE ADDRESSES BELOW.
YOU CAN NOT EMAIL OR MAIL IT YOURSELF.

Please include **an official sealed copy of your high school transcript.**

The counselor can mail your high school transcript to the following address:

KAPPA ALPHA PSI FRATERNITY
Attn: Scholarship Committee P.O. Box 1962
Fort Pierce, FL 34954

Please direct any questions to:
fpkappas@gmail.com

Application Deadline:
March 28, 2026 by 11:59 PM

THE SPANISH AMERICAN CLUB, INC.

Scholarship Application

For High School Seniors of Martin and St. Lucie Counties Schools seeking a College Education

Deadline to apply is March 1st. Scholarship awarded the same year as application for 1st semester only, Fall semester.

Please read scholarship qualifications before submitting application to your Guidance Dept.

All blanks must be filled in before mailing to The Spanish American Club, Inc.

Mail application with a copy of the student's official transcripts and parent's income verification to:

The Spanish American Club, Inc. , P .O. Box 9356, Port St, Lucie, FL 34985

For more info please contact Nancy Rozon (Director) at: (772) 486-7345 or E-mail: nancy5748@att.net, or Pam Pena: 203-300-7012 / pena4444@yahoo.com, or visit our website: http://www.thespanishamericanclubinc.org.

Student: _____
(Last Name) (First Name) (Middle)

High School attending: _____

Guidance counselor: Name: _____

Phone: _____ e-mail: _____

Student's home/mailing address: Street _____

City: _____ Zip: _____

Tel.: (_____) _____- _____ Cell (_____) _____- _____

E-mail: _____

Student's Date of Birth: ___/___/___ Place of Birth: _____ Sex: (M) (F)
(Country, State, City)

Father: _____ _____
(Last Name) (First Name)

Place of Birth _____ Ethnicity: _____

Mother: _____ _____
(Last Name) (First Name)

Place of Birth _____ Ethnicity: _____

1. What is your parents' annual income? Father: _____ Mother: _____
2. Mail a copy of your parents' proof of income (Form1040/W2) or both with your application.
3. What type of work do your parents do? Father: _____ Mother: _____
4. Do you speak Spanish? Yes (__) No (__) Write? Yes (__) No (__) Read? Yes (__) No (__).
5. How many people are in your household? Children: _____ Adults: _____ Total: _____

6. Are you a legal resident? Yes _____ No_____
7. Do you have an acceptance letter from the University or College? Yes ____ No_____
8. College or University you plan to attend?_____ Major _____
9. How did you find out about this scholarship? School ____, La Voz ____, Website: _____, Luminaries ____,

   Other: _____
10. At the interview you are required to write a paragraph on why you should be considered for the award.
11. Please submit any letters of recommendation.
12. Official GPA Transcripts are mandatory to be mailed with your application.
13. List activities, community, or non-profit organizations in which you participated along with any outstanding achievements or honors received in schools or through community services.

Use the back of this page for additional information

St. Lucie County Education Foundation Local Scholarship Application

2025-2026

Please **print** this form and complete. Provide the **number of copies specified** of the complete application which includes the application, recommendation letters, statement of educational goals/career objectives, and financial need. Please **do not submit transcripts** with the applications **unless they are specifically requested**. All forms **must be signed** where requested by student, parent(s) and school counselor or your application will not be eligible for consideration.

SCHOLARSHIP NAME: _____

Student Information

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone _____ Date of Birth _____

Cell Phone: _____ E-Mail Address: _____

High School Attended: _____

SAT Scores Math: _____ EBRW: _____ Total: _____ ACT Composite _____

Weighted GPA: _____ Unweighted GPA: _____

School Counselor Signature: _____

College(s) you plan to attend: _____

Major(s): _____

Have you been accepted? Yes ____ No ____

Florida Prepaid College? Yes ____ No ____

Florida Bright Futures? Yes ____ No ____

St. Lucie County Education Foundation Local Scholarship Application
2025-2026

Parent Information:

Parents' Marital Status ___ married / remarried ___ divorced ____ separated ____ single ____widowed

Is parent/guardian employee of the St. Lucie County School District? _____ Yes _____ No

Father/Guardian

Name _____

Address: _____

City: _____

State: _____ Zip: _____

Total Income: _____

Mother/Guardian

Name _____

Address _____

City: _____

State: _____ Zip: _____

Total Income: _____

Please attach a copy of parents W-2, 1099, SSI Disability, K-1 (or 1040 form if self-employed) from the last fiscal year before application is due.

Number and ages of children in household, including those in college (excluding applicant): _____

_____

School Extra-Curricular Activities (Make certain to indicate any leadership positions held **and** dates of service)

_____

Academic Awards, Special Recognitions or Honors _____

_____

Community Awards/Service Hours/ Total Hours: _____

Activities:	Hours Per Activity:
_____	_____
_____	_____
_____	_____

Work Experience

Employment History	Days Worked per Week	Hrs. Worked per Week	Length of Employment

If you were unable to work, please explain.: _____

_____

Special Interests or Hobbies: _____

_____

Please send in resume if available.

Education Foundation
St. Lucie
A Non-Profit Organization

St. Lucie County Education Foundation Student Local Scholarship Checklist
Required Attachments

Please follow the instructions for each scholarship you are applying for as each scholarship might require different forms.

_____ A.) W-2, 1099, or SSI Disability; a 1040 form is required for self-employed. Send the correct form from the last fiscal year before the application is due. An **explanation is required if you have no documentation.**

_____ B.) Three (**3**) **signed recommendation letters** from sources such as: school counselors, ministers, employers, teachers, or administrators (no family members).

_____ C.) Statement of your educational goals and career objectives.

_____ D.) Statement of your specific need for financial assistance.

_____ E.) Do not submit applications in binders or covers.

Please make sure all applications have the required signatures on them.

Disclosure of Limited Information
My parent(s) and I understand and agree that if I receive a scholarship through the St. Lucie County Education Foundation, the Foundation may publicize and disclose my name, photo, school and the scholarship that I received for media purposes. ___**Yes** ___**No**

The Foundation may also disclose my home address for congratulatory correspondence ___**Yes** ___**No**

I understand that our decision about disclosure of my home address will not affect my eligibility for any scholarships.

FAILURE TO COMPLY WITH ALL REQUIREMENTS WILL RESULT IN DISQUALIFICATION.

VARIOUS SCHOLARSHIPS HAVE DIFFERENT REQUIREMENTS. PLEASE FOLLOW SPECIFIC DIRECTION FOR EACH SCHOLARSHIP APPLICATION.

CERTIFICATION: BOTH THE INFORMATION ON THIS FORM AND THE SUPPLEMENTAL INFORMATION PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature _____

Student Signature _____

ST. LUCIE COUNTY FARM BUREAU
3327 Orange Avenue
Fort Pierce, FL 34947
(772) 465-0440

SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIORS

Submittal deadline date to the Farm Bureau office: **March 18, 2026**

NAME: _____
First Middle Last

HOME ADDRESS: _____
Street

_____
City County State Zip Home Phone

FATHER'S NAME:_____
First Middle Last

MOTHER'S NAME:_____
First Middle Last

GUARDIAN'S NAME:_____
(If different than above) First Middle Last

Is your family currently involved in production agriculture? Yes: ____ No: _____

Is your parent or guardian a member of Farm Bureau? Yes: ____ No: _____

HIGH SCHOOL INFORMATION

Name of High School: _____ GPA: _____

COLLEGE INFORMATION

In the fall, I plan to attend_____

I plan to major in _____

Describe your involvement in extracurricular activities in high school (FFA, 4-H, class or school offices, band, orchestra, athletics, dramatics, debate, oratory, school publications, prep club, etc.):
Designate by number in right hand column the high school year in which you participated in each activity as follows: 1-Freshman, 2-Sophomore, 3-Junior, 4-Senior

Activity	Position Held	Hours spent per week	Year(s)

Please describe in your own words any jobs you have held or work you have performed during the past three years, either for your family on the farm, in part-time jobs, or for outside employers. Designate by number in right hand column the high school year in which you participated in each activity as follows: 1-Freshman, 2-Sophomore, 3-Junior, 4-Senior

Activity	Position Held	Hours spent per week	Year(s)

Any additional information that you feel should be considered in the scholarship evaluation process.

_____

_____

_____

_____

Attach any reference material.

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the secondary school record and other requested information for consideration in the above-named scholarship program.

Applicant's Signature: _____
Date_____

Parent/Guardian Signature: _____
Date_____

**Recipients of this scholarship must be a member of Farm Bureau. Membership fee is $45.00. Applicants considered must intend to pursue studies in an Agriculture related field.

Criteria for applying for the UF/IFAS St. Lucie County Master Gardener Volunteer Scholarship Program

1. Reside in St. Lucie County
2. Successfully completing High School with a minimum of a 2.5 index. Please include copies of transcripts for the current year.
3. Adults who have completed high school must provide a copy of their diploma or equivalency.
4. Have been accepted at a Florida College and plan to follow a course of study in horticulture, environmental sciences, agriculture or any related fields.
5. Provide the scholarship committee with two letters of recommendation. Must at least be from one educator ***(friends and family excluded)***
6. Submit a 1-page essay on: Why you are pursuing an education in horticulture, environmental science, agriculture or a related field.
7. Be willing to attend a St. Lucie County General Master Gardener Volunteer meeting or do a Public Service Announcement video providing a brief presentation on some highlights from your semester and how did the Master Gardener Volunteer Scholarship benefit you. The Scholarship chair will reach out to you to coordinate this presentation.

*The mission of the **University of Florida Institute of Food and Agricultural Sciences (UF/IFAS)** is to develop knowledge relevant to agricultural, human and natural resources and to make that knowledge available to sustain and enhance the quality of human life. With offices in each of Florida's 67 counties, UF/IFAS Extension works to bring science-based solutions to the state's agricultural and natural resources industries, and all Florida residents.*

UF/IFAS St. Lucie County Master Gardener Volunteer Scholarship Program Application

Return applications to

Danielle Shalginewicz, DShalginewicz@ufl.edu, by March 15, 2026

Student Name:	Student Id:	Date:	GPA:
Address:	City:		
County/State/Zip:	U.S. Citizen:		
E-Mail:	Phone:		
College:	Department:		
Major:	Minor:		
Class (sophomore, junior, senior, post graduate):			
Membership in student or community organizations and/or volunteer service:			
Honors received:			

Continue on next page…

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Educational goals:
Career goals:
Signature: Date:

Scholarship Application Must be signed and returned by mail to DShalginewicz@ufl.edu

For office use only:

DATE: _____

REVIEWED AND RECOMMENDED BY: _____

PRINT NAME: _____

TITLE: _____

*The mission of the **University of Florida Institute of Food and Agricultural Sciences (UF/IFAS)** is to develop knowledge relevant to agricultural, human and natural resources and to make that knowledge available to sustain and enhance the quality of human life. With offices in each of Florida's 67 counties, UF/IFAS Extension works to bring science-based solutions to the state's agricultural and natural resources industries, and all Florida residents.*

Treasure Coast Community Singers, Incorporated

PO Box 1789 Jensen Beach, FL 34958

TCCS SCHOLARSHIP APPLICATION

Please type all information below. We will not accept handwritten applications. If you need more space, feel free to attach additional pages. **The application deadline is midnight January 31, 2026.**

Name: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Gender: _____

Parent/Guardian Contact Information: Email Address: _____ Parent/Guardian Phone: _____

Cell Phone: _____ High School You Attend: _____

_____ Date You Will Graduate: _____

Current Overall GPA _____ **POST-SECONDARY PLAN INFORMATION**

Name of the College/University/Post-Secondary Program You Plan to Attend:

_____Have You Applied? _Yes ___No Have You

Been Accepted for Admission? _____ Yes _ No _____ Not Yet

Date You Plan to Attend: _____Planned Field of Study (be specific):

_____

SPECIAL TRAINING IN MUSIC OR IN THE ARTS

In the chart below, list any special training in music or in the arts (e.g., music camps, workshops, competitions, classes, tutoring, etc.). *If you have participated in TCCS practices and concerts, make sure to include it below.*

Dates	Type of Training or Experience	Brief Description

SCHOOL ACTIVITIES

Please list the school activities you have participated in during the past four years.

School Class	Dates	Activities	Offices Held and/or Awards Earned
Freshman Year			
Sophomore Year			
Junior Year			
Senior Year			

COMMUNITY AND VOLUNTEER ACTIVITIES

In the chart below, list the community and volunteer activities you have participated in and any community service you have completed. These may include activities or services in church/temple, non-school organizations, scouts, theatre or dance groups. Be sure to list those involving music.

Dates	Type of Activity or Service	Brief Description

EMPLOYMENT HISTORY

In the chart below, list any employment experience (if applicable).

Dates	Jobs	Major Responsibilities

SHORT ANSWER

1. Explain what music means to you. How do you benefit from music?

2. How do you plan to use music to benefit other people?

3. Have you received any special awards or special recognition other than those listed earlier on the application?

LETTERS OF RECOMMENDATION

Submit **two** letters of recommendation. One should be written by your chorus director/music director/band director addressing your interest in music and your personal initiative, training and accomplishments. The second letter can be written by any school official, teacher, guidance counselor or community leader who recommends you for this scholarship.

SCHOOL TRANSCRIPT

You must submit a current school transcript with your application.

I affirm that all of the information on this application form and on all accompanying documents is true, correct and complete. I affirm that all of my responses on this application are generated by me and not by another person nor by Artificial Intelligence (AI). I understand this information may be verified for the source.

Your typed name is your signature

Student Signature | Date

Printed Name of Student

APPLICATION SUBMISSION

Submit your completed application, your two letters of recommendation and your school transcript by email to scholarshipstccs@gmail.com or by mail to TCCS Music Scholarship Team, P.O. Box 1789, Jensen Beach, FL 34958.

The TCCS Scholarship team must receive your application by midnight January 31, 2026.

RESOURCE

INFORMATION

FINANCIAL AID

There are basically three kinds of financial aid, and most students get a "package" or a mix of two or three including grants, loans, and work. Grants are called "gift aid" since they don't have to be repaid. Loans and work are called "self-help" aid. You don't have to put your package together by yourself. The financial aid administrator at the college where you are applying will help you build a package. Exhaust all other possibilities before committing to a loan.

Here are some of the pieces it might include:

1. Pell Grants – straight from Uncle Sam to you. The Federal Government sponsors the Pell Grant Program, and it's an important source of aid for students. How much you get depends on three things:
   - The family's ability to pay for college (your eligibility)
   - How much it costs to attend your college
   - How many Federal dollars are available

   If you are eligible for a Pell Grant, the college's financial aid administrator will include it in your package, together with the amount of any other aid you are eligible to receive.

2. Money you get from your state – Almost all 50 states, the District of Columbia, Puerto Rico, and other U.S. dependencies sponsor some financial aid programs for their residents and most award aid based on your need. You apply for these by completing the FAFSA.

3. Money you get from the colleges – Most colleges administer several federally funded student aid programs in the form of grants, loans and work/study. Many colleges also have their own grant and loan programs, financed by their endowments, special fundraising, gifts from alumni, and students' tuition.

4. Money you get from banks – The Robert T. Stafford Student Loan Program is an important source of loan funds. These loans are made primarily by the banks, savings and loan associations, and credit unions, but some colleges are also lenders. The Federal Government pays the full interest on these loans while you are enrolled in college. When you graduate or leave a college, you must begin to repay the loan with interest. There is a long program for parents too. Parents Loan for Undergraduate Students (PLUS) allows parents to borrow money to help with their children's college costs. Repayment begins 60 days after the loan is made.

5. Special sources of aid not based on need – There are thousands of special student assistance programs – public and private, local and national, large and small – that offer scholarships, grants and loans to students. You may qualify for one of these programs because of your:
   - Academic achievement
   - Religious affiliation
   - Ethnic or racial heritage
   - Community activities
   - Special hobbies or interests
   - Parents' employers organizations
   - Organizational memberships
   - Artistic talents or athletic abilities
   - Career plans or field study
   - Employment

6. Local Civic Clubs and Organizations – You'll probably get most of your financial aid from the government and the college you choose. But many students get that extra boost they need from one of the local civic clubs or organizations. Check the scholarship section in this book carefully for further details.

Read the catalogs or financial aid bulletins you get carefully. Be especially careful to find out each college's deadline or preferred submission date. Be sure to submit all that information on time!!

COMPLETE THE FAFSA

Colleges, programs and state agencies want families to file a Free Application for Federal Student Aid with the Federal Government. You can usually obtain these forms from your high school guidance counselor. By completing only one FAFSA, and listing on it all the colleges, state programs or private scholarship programs to which you are applying, you can be considered for:

- Aid from the colleges
- Aid from your state
- Aid from the Federal Government, including Pell Grants
- Private grants, scholarship, or loan programs

Many colleges use only the information you report on your FAFSA. Others also use their own financial aid application forms. Be sure to ask for all required forms and information. If a college wants you to complete its own form, it will send it to you, but only if you have told the college you want to apply for aid. It will also tell you if it needs copies of your parents' tax form or other information.

Complete your forms accurately, legibly, carefully, and on time. Although financial aid applications usually ask for information about your family's income for the last year, you don't have to wait until you've completed your income tax form to fill out the forms.

You may, however, want to refer to your wage and tax records, such as W-2 forms, paycheck stubs, and IRS form 1040 or 1040A. If you don't understand the instructions, ask somebody – your counselor, a college you are applying to, or an accountant. The Financial Aid Office at I.R.S.C. is very helpful to parents and students who have questions with financial aid forms.

2025–26 FAFSA opened on September 24, 2025 – The Federal deadline for the 2025–26 academic year is June 30, 2026. Deadlines have never been more important. If you apply late, there may not be enough money left to meet your full need.

You can complete the FAFSA online at https://studentaid.gov

COSTS OF COLLEGE ATTENDANCE

Make sure you consider the following items when you calculate college expenses:

- Tuition and mandatory fees
- Room and board (on-campus or off-campus housing and meals)
- Miscellaneous fees (lab fees, technology fees, course fees, etc.)
- Books and supplies (textbooks, access codes, equipment for specific programs)
- Transportation (gas, car maintenance, parking, public transit)
- Personal living expenses (clothing, toiletries, medical needs, laundry, phone, etc.)

TEN STEPS TO A WINNING SCHOLARSHIP APPLICATION

I. START EARLY
   a. Use the online College Scholarship Guide as your starting point.
   b. List scholarships you are eligible for.
   c. Make a scholarship calendar of deadline dates.
   d. Research thoroughly—opportunities are everywhere!

II. STAY INFORMED
   a. Check with your school's scholarship counselor regularly.
   b. Read scholarship bulletins, newsletters, and announcements.

III. Review all posted scholarship information—new opportunities appear throughout the year.

IV. DO A ROUGH DRAFT

   a. Make a copy of all the various applications and complete a rough draft.
   b. Use the rough draft as a guide to complete the application neatly and correctly.

V. GIVE YOUR GUIDANCE COUNSELOR AND REGISTRAR LEAD TIME
   a. Allow your counselor and registrar several school days to complete information needed on the application such as, GPA, class rank, recommendations, etc.
   b. Allow at least two weeks for a formal letter of recommendation.

VI. CREATE A RESUME
   a. Make a list of all awards, recognitions, activities, special talents, work experience, and school/community service. Include clubs, offices held, church involvement, etc.
   b. Keep this resume updated and ready to print out as needed.
   c. Attach a copy of your resume to the scholarship applications, if requested.
   d. Give a copy of your resume to each person you ask to write a letter of recommendation for you. This is a helpful guide for them to be able to write specific information about you.

VII. ALLOW TIME FOR AN ESSAY
   a. Follow directions regarding content, length, and formatting.
   b. Complete a draft, revise it, and have someone review it.
   c. Add a personal touch to tell your story—your essay is where your voice shines.
   d. Submit a clean, well-organized final version.

VIII. REQUEST A TRANSCRIPT IN ADVANCE
   a. Give the registrar lead time to request/send your transcript.
   b. Allow time in case of computer problems and for correcting your transcript if needed.
   c. If you completed the Voluntary and Community Service hours, make sure it has been recorded on your transcript in the appropriate place.

IX. PULL IT TOGETHER
   a. Compile the application and supporting paperwork and organize them neatly.
   b. Present your application in the very best manner possible. It is a reflection of you.

X. MAIL/SUBMIT YOUR APPLICATION PROMPTLY
   a. Submit or Mail your application well before the deadline.
   b. Address application with as much specific information as possible so that it does not get lost or delivered without information listing responsible person/office in the organization or business.

ONLINE SCHOLARSHIP INFORMATION

Internet Search Engines:

Use the following key words to help with your research: financial aid, scholarships, grants, student aid, fellowships, gift aid, student loans, college, university and tuition.

www.google.com www.bing.com

Career

www.indeed.com www.careerbuilder.com www.myfuture.com www.monster.com www.bls.gov/ooh/

Testing

www.act.org https://satsuite.collegeboard.org/sat www.collegeboard.com/splash

Financial Aid & Scholarship

www.collegeboard.org https://www2.ed.gov/fund/landing.jhtml www.fastweb.com

www.finaid.org www.petersons.com/scholarship-search.aspx https://www.scholarships.com/

U.S. Department of Education

https://www.ed.gov/ https://studentaid.gov

Military

www.legion.org/education www.defense.gov https://benefits.va.gov/gibill/

www.military.com www.todaysmilitary.com/careers-benefits

Florida School Websites

www.famu.edu www.fau.edu www.fgcu.edu www.fit.edu

www.fiu.edu www.fsu.edu www.ucf.edu www.ufl.edu

www.unf.edu www.usf.edu www.uwf.edu www.stetson.edu

www.rollins.edu https://www.fldoe.org/schools/higher-ed/fl-college-system/about-us/colleges.stml

Other helpful sites

https://bigfuture.collegeboard.org www.collegeexpress.com www.mycollegeguide.org

www.universities.com www.salliemae.com/student-loans/ www.princetonreview.com