



FRIENDS OF 440 SCHOLARSHIP FUND, INC.

STATEMENT OF PURPOSE, GUIDELINES & APPLICATION

To aid dependents or descendants 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 or descendants 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 prior to February 28th, of the year the scholarship is to be awarded.

REQUIREMENTS:

COMPLETED APPLICATIONS MUST BE MAILED TO THE FRIENDS OF 440 SCHOLARSHIP FUND INC., 9350 SOUTH DIXIE HIGHWAY, 10TH FLOOR, MIAMI, FLORIDA 33156-2900 TELEPHONE NUMBER: (305) 671-1300

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

NOTICE OF NON DISCRIMINATORY POLICY TO STUDENTS

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

Please submit the following documents with this application (photocopies only):

1. Mandatory – Copy of most recent tax return of parent and/or guardian
2. Mandatory – Copy of applicant's most recent school transcript
3. If applicable - Copy of applicant's most recent tax return

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

I. STUDENT APPLICATION

This portion of the application should be completed by the individual who is applying for the scholarship. Please answer all questions. Please enter "none" or "not applicable" where appropriate and sign your name where indicated. If more room is needed to complete your answers, attach a page to the back of this application. Number your answers accordingly. **NOTE: Read application in its entirety before completing, please type or print in BLACK ink only.**

_____ NEW APPLICANT

_____ RECURRENT APPLICANT

1. **Name:** _____
Last First MI.
2. **Address:** _____
Street Apt.

City State Zip Code
3. **Telephone:** () _____ / Cell Phone:() _____ email: _____
4. **Social Security No.:** _____
5. **QUALIFICATIONS FOR SCHOLARSHIP:** Please state why you are eligible to receive this scholarship and include specifics as referenced in the STATEMENT OF PURPOSE.

PLEASE CHOOSE ONE:

Are you a dependent of an injured worker or dependent of individual involved in the administration of Workers Compensation Act (adjuster, case manager, support staff, rehab provider, etc):

- 5a. Name of Injured Worker _____
Social Security No.: _____ Date of Accident: _____
OJCC # (Case Number) of Injured Worker: _____
Name and Address of Employer: _____

OR

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

Name of Employee: _____

Name and Address of Employer: _____

6. **Education:** List the schools you have attended.

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

List the following 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 _____

Note: If your school does not use a 4.0 scale, then indicate what scale is used. _____

7. **Extracurricular Activities:** List all extracurricular activities you are involved in whether church, school, civic related, etc.

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

9. **Work History:** List the jobs you have held including volunteer jobs, beginning with your most recent or current job. **NOTE: IF YOU FILED A TAX RETURN FOR THE PRIOR YEAR, YOU MUST ATTACH A COPY.**

Employer Name and Address	Position	From:	To:	Hrs. Per Week	Salary
1.					
2.					

10. What College(s) have you applied to and /or been accepted? _____

11. What College will you be attending (list College, City & State) _____

12. What is your area of Study (Major/Minor)? _____

13. Do you plan on working while attending College? Yes or No If so, fulltime or part-time and are you currently employed? _____

14. What will your living arrangements be while in college, ie living at home, dorm, off campus, etc? Please explain. _____

15. What Grants or Scholarships have you applied for and what amounts do you anticipate receiving?

Name & Address of
Foundation

Type of Award

Award
Amount

Date
Awarded

	Name & Address of Foundation	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, savings, certificates of deposit, money market and brokerage accounts).

Name of Bank

Branch

Account Number

Balance

	Name of Bank	Branch	Account Number	Balance
1.				
2.				
3.				
4.				

17. **Assets:** If jointly owned, allocate and indicate your share and ownership interest of others which are worth in excess of \$500.00 including stocks, bonds, autos, jewelry, etc.

Asset

Type of Asset

Number of Shares

Current Value

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

18. **Loans:** Do you have any bank and/or government loans for which you are personally responsible for payment?

Yes or No If yes, then 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.						

19. **Liabilities:** List liabilities in excess of \$500.00, including credit cards, medical bills or other major debts you are responsible for.

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

20. **Account's Receivable:** List any accounts receivables due to you.

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

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 Committee finds this to be the contrary, that I forfeit all financial assistance.

Date

Applicant Name

Applicant Signature

II. PARENT AND/OR GUARDIAN INFORMATION

This section must be completed by the *parent or guardian of the student*. If applicant's parents are separated or divorced, both parents will need to complete and sign an individual Part II of this application, accordingly please attach a copy. If parents are living together, **Part II only needs to be filled out by one parent but has to signed by both parents.** If more room is needed to complete your answer, attach a page to the back of this application. Number the questions accordingly. **A COPY OF YOUR TAX RETURN FOR THE PRIOR YEAR MUST BE ATTACHED TO THIS APPLICATION.**

1. **Name :** _____
Last First MI

2. **Address:** _____

3. **Relationship to Applicant:** _____ 4. **Telephone home:** (____)____-_____

Work (____)____-_____ / **cell** (____)____-_____ **EMAIL:** _____

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

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

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

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

7. **Residence Information:**

A) Do you own a Home or Condominium? Yes or No

B) Do you rent an Apartment, Home or Condominium? Yes or No

C) List the following monthly expenses, if applicable:

1. Rent/Mortgage _____ 2. Property Maintenance _____ 3. Telephone _____
 4. Utilities _____ 5. Taxes & Insurance _____ 6. Other _____
 (not included in mortgage)

8. **Real Estate:** List all Real Estate owned including Homestead.

Address	Type 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 \$500.00 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, savings, 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 or No If yes complete the following. If joint, allocate equally and indicate your share.

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 \$500.00 including credit cards, medical bills or other major debts you are responsible for. 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. **Accounts Receivable:** List any account receivables due to you.

Name & Address Receivable is Due From	Dates Indebtedness Occurred	Monthly Payment	Maturity Date	Balance Due	Collateral If Any

14. **Work History:**

A) Are you employed? Yes or No

- 1. Employer's Name _____
- 2. Employer's Address _____
- 3. Job Description _____
- 4. Length of Employment _____
- 5. Salary _____
- 6. Is this a Family owned Business? Yes or No

15. Marital Information:

A) Are you married? Yes or No

If yes, spouse's name and address:

Last	First	MI	Street	City	State	Zip
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B) Have you been previously married? Yes or No

If yes, provide full name, address and phone number of former spouse:

Last	First	MI	Street	City	State	Zip
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C) Are you obligated to pay alimony, child support or separate maintenance Yes or No If yes, please explain:

D) Have you or your spouse ever been known by another name? Yes or 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 or NO If yes, please explain:

YOU MUST ATTACH A COPY OF THE DIVORCE DECREE AND/OR COURT ORDER OF SUPPORT

16. **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 Monthly Salary \$ _____
- Applicants Monthly Salary \$ _____
- Other Household Member's Combined Monthly Contribution \$ _____
- Other Monthly Income (rental property, business, etc.) \$ _____

Combined MONTHLY Total Income \$ _____

IF THERE HAS BEEN ANY, RECENT CHANGES IN YOUR COMBINED FAMILY INCOME OR EXPENSES, PLEASE EXPLAIN IN DETAIL:

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

18. Please state why your dependent (the applicant), is eligible to receive this scholarship pursuant to the STATEMENT OF PURPOSE on page one.

19. If Applicant is a dependent of an injured worker please provide the following:

1. OJCC Claim Number (Case Number) _____.
2. Details of workers' compensation claim (where accident occurred, what was injury, did you lose any time from work) _____.
3. Is your claim open? Yes or No _____.
4. Are you receiving medical benefits? Yes or No _____.
5. Are you receiving monetary benefits and if so how much? _____.
6. Is your claim closed? Yes or No _____.
If yes, date of closure and amount of settlement _____.

20. How did you hear about our scholarship?

PARENT AND/OR GUARDIAN'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 Committee finds this to be the contrary, that I forfeit all financial assistance.

Date

Father's Signature

Mother's Signature