

**JOSEPH FALLON COLLEGE
SCHOLARSHIP PROGRAM
APPLICATION**
226 Cypress Lane, Palm Springs, FL 33461

Please type or print all information.

APPLICANT DATA

NAME Last _____ First _____ Middle initial _____
PERMANENT ADDRESS & SSN Street _____ Palm Springs, FL 33461
Social Security Number _____ - _____ - _____
DATE OF BIRTH Month _____ Day _____ Year _____ Phone Number (561) _____ - _____

PARENT(S) OR GUARDIAN INFORMATION

NAME _____
EMPLOYER _____
POSITION _____
EMPLOYER'S NAME & ADDRESS _____
WORK PHONE _____

HIGH SCHOOL DATA

School Name _____ Graduation Date: Month _____ Year _____
Address _____ City _____ State _____ Zip _____ Phone _____

POST SECONDARY SCHOOL DATA

Name of post-secondary school(s) you plan to attend. If unknown, list schools to which applications for admission have been sent _____ City _____ State _____
_____ City _____ State _____
4 yr. College or University _____ Community College _____ Other _____
Major course of study _____ Anticipated date of graduation _____
Student will live off campus commute from home

FINANCIAL ASSISTANCE QUESTIONNAIRE

Income and tax figures are from a completed and filed tax return for prior or current year. A copy of completed Income Tax Return (IRS 1040) is required.

Adjusted gross income _____	Medical/Dental Expenses _____
Total U.S. Income Tax Paid _____	(not paid by insurance) _____
Total income of Father _____	Total Cash, Savings, Checking _____
Total Income of Mother _____	Number of exemptions _____
Non-taxable Income _____	claimed on tax return _____
(Social Security Benefits, Welfare, Child Support, Alimony, other)	

Marital status of parent or guardian Married Divorced Separated Widowed Single

Total number of family members attending college at least half-time during next school year. _____

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming year including Pathfinder Awards nominations

Name of awards	Amount	Granted	Pending

APPLICATION CHECKLIST

This application for student aid becomes valid only when you have returned the following materials:

_____ Completed Application	_____ Current Sealed Transcript of Grades
_____ Test Scores	_____ Completed financial assistance questionnaire
_____ IRS Form 1040	

CERTIFICATION AND SIGNATURE

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official I agree to give proof of the information that I have given on this form. Falsification of information may result in the termination of any scholarship granted. Upon submission, this application becomes the property of the Village of Palm Springs. If I win a Village of Palm Springs scholarship, I agree to furnish the Village with proof I attended a post-secondary school. If no proof is supplied by June 1 of the year following the award, I agree to return the scholarship money to the Village.

Applicant's signature _____ Date _____

Applications must be received at the Village Clerk's Office at Palm Springs City Hall by 4:30 PM on Tuesday, February 28, 2018 or be postmarked no later than February 28, 2018. Mail applications to:

SCHOLARSHIP APPLICATIONS
 VILLAGE OF PALM SPRINGS
 226 CYPRESS LANE
 PALM SPRINGS, FL 33461-1699

APPLICANT APPRAISAL (To be filled out by a high school or college counselor or advisor, a member of the clergy, a professional person or supervisor who knows you well).

Please provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When the form is complete, please return it to the applicant.

This applicant's choice of a post-secondary education program is:

- extremely appropriate very appropriate moderately appropriate inappropriate

The applicant's achievements reflect his/her ability.

- extremely appropriate very well moderately well not well

The applicant's ability to set realistic and attainable goals is

- excellent very good fair good

The quality of the applicant's commitment to school and community is

- excellent good fair poor

I know the applicant

- extremely well very well moderately well not well

Comments _____

Appraiser's name _____ Title _____ Phone _____

Signature _____ Date: _____

Appraiser's Business Address: _____ City _____ State ____ Zip _____

TRANSCRIPT INFORMATION

Include a sealed copy of your high school transcript of grades and have the following section completed by the appropriate high school official.

Applicant ranks _____ in a class of _____ Cumulative GPA _____ (4.0 grade Scale)

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____ ACT English _____ Math _____

I certify that this information is from a current and official transcript.

_____ Date _____ Title _____ Phone number _____

School Official's signature

Address _____ City _____ State _____ Zip _____

WORK EXPERIENCE

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

Company/Position	Date from (mo./yr.)	Date to (mo./yr.)	Total Months Worked	Hours per wk.	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past 4 years (i.e. student government, music, sports. etc.) List all community activities in which you have participated without pay during the past 4 years. (i.e. Red Cross. hospital volunteer, church work). Indicate all special awards, honors, offices held. Use additional paper if needed.

Activity	no, of years partic.	Special Honors	Activity	no. of years partic.	Special Honors

GOALS

Make a statement of your plans as they relate to your educational and career objectives and future goals. Use additional paper if needed. Limit answer to 250 words
