

**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) _____ - _____

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

GOALS

Make a statement of your plans as they relate to your educational and career objectives and future goals. Type this on a separate sheet of paper. Limit answer to 300 words.

VOLUNTEER EXPERIENCE

List all community activities in which you have participated without pay during the past 4 years. (i.e. Red Cross, hospital volunteer, church work).

Organization/Position	Start date Month/Year	End Date	Total Months Volunteer	Hours Per Week

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	Start date Month/Year	End Date	Total Months Worked	Hours Per Week	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.) Indicate all special awards, honors, offices held. Use additional paper if needed.

Activity	Year	Special Honors	Activity	Year	Special Honors

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

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 _____

HIGH SCHOOL DATA

School Name _____ Graduation Date: Month _____ Year _____

Address _____ Phone _____
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

PARENT(S) OR GUARDIAN INFORMATION

NAME _____

EMPLOYER _____

POSITION _____

EMPLOYER'S
NAME &
ADDRESS _____

WORK PHONE _____

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 _____	(Social Security Benefits, Welfare, Child Support, Alimony, other) Medical/Dental
Total U.S. Income Tax Paid _____	Expenses (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 _____

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: _____

APPLICATION CHECKLIST

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

- | | | | |
|--------------------------|-----------------------|--------------------------|--|
| <input type="checkbox"/> | Completed Application | <input type="checkbox"/> | Current Sealed Transcript of Grades |
| <input type="checkbox"/> | Test Scores | <input type="checkbox"/> | Completed financial assistance questionnaire |
| <input type="checkbox"/> | 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 Thursday, February 28, 2019 or be postmarked no later than February 28, 2019. Mail applications to:

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