



# Village of Palm Springs

226 Cypress Lane • Palm Springs, FL 33461-1699

561-965-4011 • [www.vpsfl.org](http://www.vpsfl.org)

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## JOSEPH FALLON COLLEGE SCHOLARSHIP PROGRAM APPLICATION

### APPLICATION CHECKLIST

Be sure to complete every part of the application to avoid any loss of points if selections are left incomplete.

This application for the Village of Palm Springs Scholarship Award becomes valid only when you have returned the following materials:

- |                          |                       |                          |   |
|--------------------------|-----------------------|--------------------------|---|
| <input type="checkbox"/> | Completed Application | <input type="checkbox"/> | Current <b>Sealed</b> Transcript of Grades        |
| <input type="checkbox"/> | Goals Essay           | <input type="checkbox"/> | Completed financial assistance questionnaire      |
| <input type="checkbox"/> | Test Scores           | <input type="checkbox"/> | Check everything off as completed on this page    |
| <input type="checkbox"/> | IRS Form 1040         | <input type="checkbox"/> | and include this page in your application packet. |
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**JOSEPH FALLON COLLEGE  
SCHOLARSHIP PROGRAM  
APPLICATION**  
226 Cypress Lane, Palm Springs, FL 33461

Applications are due by  
4:30 P.M., Friday,  
February 28, 2020

Please type or print all information.

**APPLICANT DATA**

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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) \_\_\_\_\_ - \_\_\_\_\_

**HIGH SCHOOL DATA**

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School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**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.

\_\_\_\_\_  
School Official's signature Date \_\_\_\_\_ Title \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

**POST SECONDARY SCHOOL DATA**

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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

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**GOALS**

Provide a statement of your goals/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.

**WORK/VOLUNTEER 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.

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/Work	Hours Per Week

**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

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**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 complete this entire section and choose the best answer. Provide a descriptive sentence or paragraph in writing about this student. When the form is complete, please return it to the applicant. Thank you for taking the time for providing feedback about this student for the Village of Palm Springs scholarship committee.

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 \_\_\_\_\_  
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Appraiser's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Appraiser's Business 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 the most current completed Income Tax Return (IRS 1040) is required.

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

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: \_\_\_\_\_

**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 Friday, February 28, 2020 or be postmarked no later than February 28, 2020. Mail applications to:

**SCHOLARSHIP APPLICATIONS  
VILLAGE OF PALM SPRINGS  
C/O VILLAGE CLERK'S OFFICE  
226 CYPRESS LANE  
PALM SPRINGS, FL 33461- 1699**