**

915 N. Suncoast Blvd, Crystal River, FL 34429 (352)795-3149 – FX (352)795-1921

2022 **$1,000.00 Scholarship Award** Criteria

Citrus County High Schools

The Business Women’s Alliance of the Citrus County Chamber of Commerce supports education through its scholarship program. Only female students will be considered for this award.

This is a one-time, non-renewable scholarship for $1,000 that can only be used for books, tuition, fees, or other education-related incidentals at a Florida education institution. Checks will be made payable to the recipient and the Florida education institution she will attend.

Turn in the completed application to your Guidance Department or mail to Citrus County Chamber of Commerce, Attn: Corrine Sachewicz, 915 N Suncoast Blvd, Crystal River, FL 34429 by April 4, 2022.

Below are scholarship application guidelines and evaluation criteria used in selecting the recipient(s). The application must be complete, submitted on time and have all requested attachments to be considered.

1. The applicant must:
	* Be a Citrus County resident and a graduating/graduated (or GED) student at a Citrus County high school
	* Provide proof of acceptance for enrollment at an accredited university, college, or technical school in Florida.
	* Have a GPA of 2.5 or better [non-GED students]
	* Demonstrate family financial need
2. Include a clearly written or typed 300-word essay that includes this information:
	1. A brief biographical statement about yourself
	2. Why you want to continue your education
	3. Why you chose to specialize in your particular area of interest
	4. Why you should receive this scholarship award
	5. Summary of activities, honors, hobbies, work experience and community involvement [be specific about your role in community service projects]
	6. Any other information that you feel is important for the Selection Committee in deciding whether you would be a good investment for the organization and the community

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. It must include:

**☐** Completed scholarship application form [attached]

**☐** Completed financial resources form [attached]

**☐** The 300-word essay – see guidelines, above

**☐** An official transcript

**☐** Proof of acceptance at institution of higher education in Florida

**☐** Three letters of recommendation: (A) one from an adult at your school, plus (B) two from adults who are not associated with your school and are not members of your immediate family.

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2022 Scholarship Application

Due to Guidance Department/BWA: April 4, 2022

Personal Information

| Item | Information |
| --- | --- |
| Current School |  |
| Applicant Name |  |
| Address |  |
| Home Telephone Number |  |
| Cell |  |
| Email |  |
| Are you related to a Business Women’s Alliance member? |  |
| If so, who? |  |
| How long have you lived in Citrus County? |  |
| Date of Birth |  |

What are the ages of the children living in the household (including you)?

Name of Florida college/university/trade school you plan to attend:

Have you applied to the school?

All required documents attached?

* Transcript
	+ If guidance Department submission: I hereby request that a copy of my transcript be attached to this application.
	+ If BWA-direct submission, mailed to the Chamber of Commerce office: Applicant must obtain and include an official transcript with application.
* Three letters of recommendation: (A) one from an adult at your school, plus (B) two from adults who are not associated with your school and are not members of your immediate family
* A 300-word essay (see guidelines on attached sheet)
* Proof of acceptance at an institution of higher education in Florida if you already have it.
* Completed Family Financial Form

*I affirm that the information I have provided is truthful and understand that I may forfeit any award based on false information.*

| **Student Signature:** | **Date:** |
| --- | --- |

**☐** I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

2022 Scholarship

Financial Resources

| Item | Information |
| --- | --- |
| Applicant Name |  |
| Father / Guardian Name |  |
| Occupation |  |
| His Employer’s Name & Location |  |
| Mother / Guardian Name |  |
| Occupation |  |
| Her Employer’s Name & Location |  |
| Number now attending college / university / trade school who are supported by your parents / guardians |  |

Other financial aid or scholarships for which you have applied and whether you have received an award or expect to receive one (include Florida pre-paid program):

FAMILY INCOME SUMMARY

Family yearly income:

I affirm that the information I have provided is truthful and understand that I may forfeit any award based on false information.

| **Parent / Guardian Signature:** | **Date:** |
| --- | --- |

**☐** I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

| **Student Signature:** | **Date:** |
| --- | --- |

**☐** I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.