Homosassa Civic Club, Inc. Presents

BERI HAGERTY-PHELPS MEMORIAL SCHOLARSHIP APPLICATION

**DUE DATE**: **MARCH 31, 2023** - **AWARD AMOUNT: $1,000.00**

*MAIL TO:*

*Homosassa Civic Club*

*Scholarship Committee*

*P.O. Box 493*

*Homosassa, FL 34487*

## **SUBMISSION INFORMATION**

* This scholarship is available to graduating high school seniors and adults **living in HOMOSASSA**
* Applications are available at homosassaciviclubinc.org
* Applications must be received by March 31, 2023.

## **CRITERIA**

1. Applicant MUST live within the Homosassa
2. Applicant must complete the application in its entirety.
3. Application must include:
	1. A copy of current or most recent school transcripts (Adult applicants who have been out of school over five years do not need transcripts).
	2. Three references from teachers, employers, and/or clergy.
	3. A personal essay. Write about yourself and your life’s goals; include school, extracurricular, volunteer, and employment activities (300 words or less).
4. March 31, 2023 is the due date for applications.

## **PERSONAL INFORMATION**

| ITEM | INFORMATION |
| --- | --- |
| FULL NAME |  |
| MAILING ADDRESS |  |
| PHYSICAL ADDRESS (IF DIFFERENT) |  |
| HOME PHONE # |  |
| CELL PHONE # |  |

## **FAMILY INFORMATION**

* What is the number of persons living in your household?
* If you are a dependent, fill out the following:

| ITEM | INFORMATION |
| --- | --- |
| FATHER/GUARDIAN’S NAME |  |
| FATHER’S OCCUPATION |  |
| FATHER’S EMPLOYER |  |
| MOTHER’S NAME |  |
| MOTHER’S OCCUPATION |  |
| MOTHER’S EMPLOYER |  |

* If you are not a dependent, provide your employer.
* What are the ages of siblings/children/minors living in your household?
* What are your financial needs?

List any grants/scholarships you have applied for or received (PELL Grants, other clubs, organizations, academic/sports scholarships, etc.)

| SCHOLARSHIP NAME/TYPE | AMOUNT (ESTIMATED) |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Name(s) of colleges/universities applied to:

**If there are any extenuating circumstances which may affect your scholarship application, please attach a written explanation.**

## **ATTACHMENTS**

TRANSCRIPT: Please attach a copy of your current or most recent school transcripts (Adult applicants who have been out of school over five years do not need transcripts).

REFERENCES: Please attach three references from teachers, employers, and/or clergy.

ESSAY: Write a 300-word or less personal essay about yourself and your life’s goals; include school, extracurricular, volunteer, and employment activities.

**I attest that this essay is my own original creation and that the information on this application is accurate.**

| **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.