

Riverview Woman’s Club Foundation, Inc. Scholarships
Greater Riverview Chamber of Commerce Dr. Earl Lennard Scholarships
2024 SCHOLARSHIP APPLICATION

Deadline: Wednesday, February 21, 2024

***** Applications are WELCOME from students planning to attend an ACCREDITED *****

- 4-YEAR COLLEGE/UNIVERSITY
- 2-YEAR COMMUNITY COLLEGE
- TECHNICAL/TRADE SCHOOL

The shared goal of the Riverview Woman’s Club Foundation, Inc. (RWC) and the Greater Riverview Chamber of Commerce (GRCC) scholarship committees is to offer scholarships to students attending Riverview-area high schools regardless of gender identity, religion or any other membership/affiliation or protected class. The student must be planning to attend an accredited 4-year university, 2-year community college or trade school. Based on qualifying criteria identified below, the application will be considered in one or both applicant pools.

CRITERIA

Riverview Woman’s Club Scholarship Criteria

Applicant must reside in Riverview, Florida or be the child of an active Riverview Woman’s Club member and be a current year High School Graduate who has been accepted to a two or four-year college or university or accredited trade school **in the State of Florida**. Scholarship criteria includes Financial Need, Merit, Volunteerism or Extra-Curricular Activities.

Greater Riverview Chamber of Commerce - Dr. Earl Lennard Scholarship Criteria

The Greater Riverview Chamber of Commerce (GRCC) is offering special scholarships in memory of prominent local educator, Dr. Earl Lennard. The student’s choice of institution is not limited to Florida. The student must attend either Riverview High School, Spoto High School, Lennard High School, East Bay High School, Sumner High School or work for a member or have a parent/guardian member of the GRCC.

Do you or your parents work for or own a business or organization that is a member of the Greater Riverview Chamber of Commerce?

_____ **NO** _____ **YES**, I or my parents work for or own a business that is a member of the GRCC.

Name of Business or Organization

APPLICATION

Student Applicant Information - Please enclose proof of residency (example: utility bill).

Name of Applicant: _____

Street Address: _____

City/State/Zip Code: _____

Telephone #s: _____ Second # _____

Email address: _____

Name of Parent or Legal Guardian: _____

1. Verification of Family Income (financial need scholarship only)

Parent/Guardian 1: Name/Address _____

_____ Wages: \$ _____/yr.

Employer: _____

Parent/Guardian 2: Name/Address _____

_____ Wages: \$ _____/yr.

Employer: _____

Number of dependents living at home (include applicant, sibling(s) and/or dependents.)

___ Adults ___ Children ___ Other

***** Note only for Financial Need requests:** If applying for scholarship based on Financial Need, attach a signed copy of the 1st and 2nd pages of Form 1040 from parent/guardian's most recent years' tax return; omit social security numbers.

***** Optional for Financial Need requests:** Parent/Guardian – Please attach a separate signed statement explaining any extenuating circumstances that will affect your family's yearly income causing financial hardship on the scholarship applicant.

2. Student Finances

Current Employer: _____ Position: _____

Length of Employment: _____ Wage or Weekly Income: \$ _____

Past employment (year and hours per week). _____

Do you plan to be employed while continuing your education? _____ Yes _____ No

Do you have a 529 Plan savings _____ Yes _____ No? What is the value? _____

Do you have a Florida Prepaid Scholarship? _____ Yes _____ No? What is the value? _____

3. College Application

Which college(s), or university (ties) or trade schools have you applied for admission?

1. _____ date accepted: _____ Tuition per year: \$ _____

2. _____ date accepted: _____ Tuition per year: \$ _____

What have you decided as a major course of study?

Have you been granted scholarship aid? _____ Yes or _____ No If so, give details.

Do you intend to apply for financial aid at the college you plan to attend? _____ Yes or _____ No

If so, give details.

Have you reason to expect scholarship aid from any other source? _____ Yes or _____ No. If so, give details. _____

4. References

Please provide **two** references from individuals not related to you and **attach a copy** of their recommendation letter.

1. Name/title or relationship

2. Name/title or relationship

5. Academic Standing: High School and/or Higher Education Grade Point Average

Class Rank: _____

Unweighted GPA (4 point scale): _____ Weighted GPA: _____

Composite ACT Score: _____

Combined SAT Score _____ (Math _____ Reading/Writing _____)

Dual Enrollment:

Are you DUAL ENROLLED at a community college? YES / NO **(Circle one)**

of Credits _____ Graduating with AA? YES / NO **(Circle one)**

High School Magnet Program:

Are you enrolled in a High School Magnet Program? YES / NO **(Circle one)**

Program Name: _____

(i.e. Collegiate Academy, International Baccalaureate)

6. Community Service/Volunteer Hours – (Volunteer Organizations with hours and school-year worked)

*** Please attach a separate sheet if more room is needed for community service hours.

Total Community Service Hours _____

<u>Organization</u>	<u>Total Hours</u>	<u>Year(s)</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____

7. School Related Academic Activities - Indicate activity/organization, role or award, high school year by (1), (2), (3), (4) .

- Participation in activity/organization – State the name of the organization; member or any leadership positions held and year. Examples, *Orchestra, Member, 2, 3, 4* -- OR -- *Debate Team, Secretary, 3,4*.
- Honors and Awards - State the nature of honor or award and year. Example, *National Honor Society, Award/Honor, 3, 4*

<u>Activity/Organization</u>	<u>Member, Office/Leadership Position, List Awards</u>	<u>Year(s)</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____

8. School Related Extra-Curricular Activities - Indicate activity/organization, role or award, high school year by (1), (2), (3), (4) .

- Participation in activity/organization – State the name of the organization; member or any leadership positions held and year. Examples, *Varsity Soccer, Team Captain, 2, 3, 4* -- OR -- *Debate Team, Member, 3,4*.
- Honors and Awards - State the nature of honor or award and year. Example, *Lettered Soccer, Award/Honor, 3, 4*.

<u>Organization/Activity</u>	<u>Member, Office/Leadership Position, List Awards</u>	<u>Year(s)</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____

9. **Non-School Related Civic Activities** - Indicate activity/organization, role or award, high school year by (1), (2), (3), (4) .

- Participation in activity/organization – State the name of the organization; member or any leadership positions held and year. Examples, Hillsborough Cty Youth Leadership Council, *member, 03, 04*
- Honors and Awards - State the nature of honor or award and year. Example, *Hillsborough Cty Youth Leadership Council, President’s Award, 04*

<u>Activity</u>	<u>Member, Office/Leadership Position, List Awards</u>	<u>Year(s)</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____

10. **State your plans for enrollment in an accredited college or university or trade school**

11. **Applicant Statement**

On a separate sheet of paper, please describe, in 500 or less words why you are deserving of a Riverview Woman’s Club Foundation or Dr. Earl Lennard/Greater Riverview Chamber of Commerce scholarship, need for financial aid, college and career goals and other information about you and your circumstances that you believe would be of value in the selection process.

12. **Transcript Summary** - Please attach a copy of your Transcript Summary. (The Transcript Summary is available in your high school guidance office)

13. **Verification Statement** (Applicant/Student and Parent/Guardian or High School Counselor signatures required)

I, _____ and _____
(Print Applicant's name) (Print Parent/Guardian or HS Counselor name)

do hereby attest to the best of my knowledge that the above information is correct and will be verified by the Scholarship Selection Committee in fairness to all applicants.

Applicant Signature _____ Date _____

Parent/Guardian,
or HS Counselor
Signature _____ Date _____

Note: Incomplete applications cannot be accepted.

Application Deadline: Wednesday, February 21, 2024

Application must be postmarked (in its entirety) or hand-delivered to your HS Career Counselor by the deadline.

NOTE TO CAREER COUNSELORS: If you have not already scheduled a pick up, please contact us by phone: 813-748-7595 or Email: riverviewwomansclub@gmail.com

Mail: Riverview Woman's Club Foundation, Inc., 11705 Boyette Rd, #208, Riverview, FL 33569

Phone: Scholarship Chairperson | 813-748-7595

Privacy Notice: Personal information contained in the scholarship application and its attachments will be shredded after a decision is made. A spreadsheet showing name, contact information, scholarship amount and college contact entrusted with the student's scholarship is maintained for record keeping purposes.