

Riverview Woman's Club Foundation, Inc. Scholarships
Greater Riverview Chamber of Commerce Dr. Earl Lennard Scholarships
2022 SCHOLARSHIP APPLICATION

Deadline: Friday, March 4, 2022

The Riverview Woman's Club will be awarding five \$1000 scholarships to local Riverview Students and working with the Greater Riverview Chamber of Commerce members to award five \$1000 scholarships in the name of Dr. Earl Lennard

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 2021 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.**

Scholarships are awarded for: Needs-Based, Merit, High Volunteerism, Vocational/Community College, and STEM (Science, Technology, Engineering or Math).

The Dr. Earl Lennard Scholarship Criteria:

The student's college of choice is **not** limited to Florida institutions, and this is **not** a needs-based scholarship.

There will be five \$1000 Scholarships awarded in Dr. Earl Lennard's name from the Greater Riverview Chamber of Commerce membership. 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 Greater Riverview Chamber of Commerce.

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

_____ Yes, I or my parents work for or own a business/organization that is a member of the GRCC.

Name of Business or Organization

Student Applicant - Please enclose copy of your current driver's license or utility bill (proof of residency).

Name of Applicant: _____

Street Address: _____

City/State/Zip Code: _____

Telephone #: land-line _____ cell # _____

Email address: _____

Name of Parent or Legal Guardian: _____

1. Verification of Family Income (Please indicate on the appropriate line, the family's gross income)

_____ Wages: \$ _____/yr.

Employer: _____

(father's name) (name/address) _____

_____ Wages: \$ _____/yr.

Employer: _____

(mother's name) (name/address) _____

Note only for Needs-based requests: If applying for a needs-based scholarship, attach a signed copy of the 1st and 2nd pages of Form 1040 from your parent's most recent two years' tax return; omit social security numbers. (Optional: parent/guardian – please explain any extenuating circumstances that will affect your family's yearly income causing financial hardship on the scholarship applicant. Please attach a separate signed statement.)

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

___ Adults ___ Children ___ Other

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? If yes, what is the value? _____

Do you have a Florida Prepaid Scholarship? _____ Amount. \$ _____

3. College Application

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

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. _____

Do you plan on participating in a four-year college ROTC program? ___ Yes or ___ No

If applicable, which program? _____

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 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. _____	_____	_____
g. _____	_____	_____
h. _____	_____	_____

7. Transcript - Please attach a copy of your Transcript. (The transcript is available in your high school guidance office or college registrar's office.)

8. School Related Academic Activities - Indicate activity/organization, role or award, high school or college 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. _____	_____	_____
g. _____	_____	_____

9. School Related Extra-Curricular Activities - Indicate activity/organization, role or award, high school or college 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. _____	_____	_____
g. _____	_____	_____

10. **Non-School Related Civic Activities** - Indicate activity/organization, role or award, high school or college 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. _____	_____	_____
g. _____	_____	_____
h. _____	_____	_____

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

12. **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.

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.

Must be postmarked by Deadline: Friday, March 4, 2022