

Sarasota Yacht Club Employee Scholarship Program



SARASOTA YACHT CLUB

27°19'N 82°34'W · EST. 1926

Application Form



COMMUNITY
FOUNDATION

OF SARASOTA COUNTY

APPLICATION DATA

I. PRELIMINARY INFORMATION

Applicant's Name _____
First Name **Middle Initial** **Last Name**

Permanent Street Address _____

City _____ State _____ Zip _____

Mailing Address if different from above _____

City _____ State _____ Zip _____

Telephone Number _____ E Mail _____

Date of Birth _____ Social Security # ____/____/____
Month/Day/Year

School currently attending (if applicable) _____

II. PERSONAL/FAMILY INFORMATION

I am _____ single _____ married _____ separated _____ divorced _____ a single parent

Number of dependent children living at home _____ Ages _____

Number of dependent children you and/or your spouse provide support for _____

Are you currently supporting any children who are attending college or vocational school? _____

Do you live with your parent/s? _____ Do you provide care for an elderly parent in your home? _____

If yes, please explain: _____

Current employer (if applicable) _____

Position _____ Number of hours per week _____

Work Address _____

Work phone # _____

Name of spouse/live-in significant other _____
First Name **Middle Initial** **Last Name**

His/her employer _____

Position _____

Work Address _____

Work phone # _____

III. EDUCATIONAL BACKGROUND - If currently attending college or vocational school please include an official transcript. Please provide information about your educational background in the spaces below.

Please check where appropriate:

Some High School High School/GED Completed 1-3 yrs. post High School
 Received Associate, VoTech Certificate Bachelor's Degree Post Grad. Degree
 Completed some graduate course work

| Name of School | Years Attended | Year Graduated | Course of Study |
|---------------------------|----------------|----------------|-----------------|
| High School | | | |
| College | | | |
| Technical/Business School | | | |
| Other | | | |

IV. COMMUNITY ACTIVITIES - Please detail extracurricular activities you have been significantly involved with during the last 5 years. This includes clubs, church activities, etc.

| Activity | # of Years | Special Awards or Leadership Roles |
|----------|------------|------------------------------------|
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V. PAST WORK EXPERIENCE - Please describe any paid work experience over the past 5 years starting with most recent employment.

| Position | Date From (mo/yr) | Date To (mo/yr) | Hours Per Week | Amount Earned | Reason for Leaving |
|----------|-------------------|-----------------|----------------|---------------|--------------------|
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VI. FINANCIAL INFORMATION

A. How many people live in your household? (please fill in number) _____Adults _____Children

B. What are your current, major sources of income?

- | | |
|----------------------------|-----------------------------|
| _____Alimony/Child Support | _____Social Security |
| _____Employment | _____Spouse - Partner |
| _____Public Assistance | _____Unemployment |
| _____Self Employed | _____Other (please explain) |
-

C. Please fill in income, expense and asset data for the year January 1, 2015 to December 31, 2015 and enclose a complete signed copy of your **2015 IRS TAX RETURN** (Form 1040) **or 2016 - 17 SAR**.

1. Your adjusted gross income..... \$ _____
2. Spouse or live-in significant other's adjusted gross income..... \$ _____
3. Other income:
 - Alimony – per month..... \$ _____
 - Child support – per month..... \$ _____
 - Social Security Benefits – per month..... \$ _____
 - Welfare, other – per month..... \$ _____
4. Medical/Dental expenses not paid by insurance..... \$ _____
5. Cash, savings bonds, stocks, checking accounts certificates of deposit, notes, etc..... \$ _____
6. Other assets including equity in your home and investment real estate \$ _____

Please explain any special circumstances affecting your financial situation. For example if you are a single parent and not receiving child support or if you are receiving disability please explain why. This information will be helpful to the Committee in assessing your financial need. *(Add a separate sheet if necessary.)*

VIII. COLLEGE/SCHOOL INFORMATION

College/School choice _____

Why did you select this school: _____

- 4 yr. College/University Community College
 Vocational/Technical Other _____

Intended major/vocational choice _____

Have you received official acceptance? _____ In which program? _____

Please Include letter of acceptance.

I am enrolled Less than half time Half time or more Full time

Anticipated starting date _____ Anticipated graduation date _____

ESTIMATED COLLEGE/SCHOOL EXPENSES - (Please use school data or information from your financial aid package. Budget should be for one full year of expenses and resources). *THIS SECTION IS VERY IMPORTANT TO SHOW HOW YOU PLAN TO FINANCE YOUR EDUCATION.

BUDGET for the period from _____ to _____

| <u>Estimated Annual Expenses</u> | | <u>Estimated Annual Resources</u> | |
|--|-----------------|---|-----------------|
| <u>School Expenses:</u> | | | |
| Tuition & Fees (credit hour costs & fees) | \$ _____ | Student contribution | \$ _____ |
| Books & Supplies | \$ _____ | Family, friends | \$ _____ |
| <u>Living Expenses:- per month</u> | | V.A. or S.S. Benefits | \$ _____ |
| Rent/Mortgage | \$ _____ | Loans | \$ _____ |
| Total Utilities | \$ _____ | Other Financial Aid (Work Study, etc.) | \$ _____ |
| Transportation & Car Insurance | \$ _____ | Other Scholarships/Awards | \$ _____ |
| Child Care | \$ _____ | Other Resources (list) | \$ _____ |
| Other _____ | \$ _____ | | |
| TOTAL ANNUAL BUDGET: | \$ _____ | TOTAL ANNUAL RESOURCES: | \$ _____ |

Have you met with the school Financial Aid office? Yes ____ No ____.
(If yes, please include a copy of your financial aid package or financial aid rejection letter.)

Do you anticipate receiving other scholarships? _____

If so, please list name/type of scholarship & amount separately (*Total should be included in Other Scholarships under Estimated Resources. Please notify the Foundation upon official notification of other scholarships received).

| <u>Name of Scholarship/Award</u> | <u>Amount</u> | <u>Granted</u> | <u>Pending</u> |
|----------------------------------|---------------|----------------|----------------|
| _____ | _____ | _____ | _____ |

XI. REFERENCE - Please ask an individual outside of your family to provide at least one letter of reference. An employer, recent teacher, your school advisor or counselor, minister, etc. can provide these. A reference from a friend or neighbor **is not** appropriate. **This application will not be considered unless this reference is attached.**

It is the applicant's responsibility to ask their reference to submit a short (one page only) letter giving their opinion of the applicant's character, strengths, weaknesses, abilities and other information that would help the Committee make its decision. The reference should state his/her relationship to the applicant. **Please submit your reference along with your application in a sealed envelope. Do not have your reference mailed separately.**

List the full name and telephone number of your reference.

Full Name

Telephone Number

XII. CERTIFICATION

_____ I have been an employee for the Sarasota Yacht Club for a year or longer.

_____ I am NOT a relative of any members of Community Foundation Scholarship Advisory Committees, the Community Foundation of Sarasota County staff, Board or Advisory Council members.

_____ I am NOT a relative of any donors who have established a Community Foundation scholarship fund.

_____ The information contained in this application is true and correct to the best of my knowledge and I will inform the Community Foundation of any changes which might occur in this information.

_____ By signing this application I authorize the Community Foundation to verify any information provided herein and I authorize the Community Foundation to contact the Sarasota Yacht Club and references for information pertaining to this application.

Applicant's Signature _____ **Date** _____

CHECKLIST FOR COMPLETE APPLICATION

(Please make sure you have completed the following:)

- _____ Completed all pertinent areas of this application.
- _____ Signed the certification (XII).
- _____ Supplied a minimum of one reference letter.
- _____ Enclosed college acceptance letter if applicable.
- _____ Enclosed most recent college transcripts if applicable.
- _____ Enclosed 2016 IRS TAX RETURN or 2017 - 2018 Studenty Aid Report (SAR)

**Please return completed application to
Community Foundation of Sarasota County
2635 Fruitville Rd
Sarasota, FL 34237**

For further information please contact:

**Earl Young – Manager, Scholarships & Special Initiatives
Community Foundation of Sarasota County
(941) 556-7114**

**eyoung@cfsarasota.org
www.cfsarasota.org**

**Please be careful to apply the CORRECT POSTAGE.
Failure to do so will result in your application being returned. THANK YOU.**