



**COMMUNITY
FOUNDATION**

OF SARASOTA COUNTY

FAST TRACK

**Educational Assistance Program
of the Community Foundation
of Sarasota County**

Application Form

07/2017

**HELPFUL TIPS FOR COMPLETING
THE COMMUNITY FOUNDATION OF SARASOTA COUNTY
FAST TRACK EDUCATIONAL ASSISTANCE PROGRAM APPLICATION**

1. The Community Foundation Fast Track Scholarships are for students who will be attending a certified Florida Department of Education / Florida Board of Nursing school to become Nursing Assistants. These scholarships are intended for students who have been away from school for a number of years and are returning to school to begin a career in the healthcare profession in order to better the lives of themselves and their family.
2. All Fast Track Educational Assistance Scholarships are based on financial need. For this reason, the application requires some financial information. Please be assured that all information included on a scholarship application will be kept confidential.
3. You **MUST** be accepted into the Nursing Assistant Program to qualify for this scholarship.
4. You **MUST** include a copy of your completed signed IRS 1040 tax forms for the most recent year. Social security numbers may be omitted. **If you do not file income taxes, you must submit proof of income.**
5. Be sure to **fully** complete the Estimated Annual Expenses and Estimated Annual Resources sections.
6. You will need **two** letters of reference from people who know you well, other than family members.
7. Most students are awarded scholarships without having a personal interview before the Scholarship Committee. Be sure to include all information about yourself that you want the Scholarship Committee to know in your completed application.

COMMUNITY FOUNDATION OF SARASOTA COUNTY

The Community Foundation of Sarasota County is a non-profit charitable organization that encourages individuals to create permanent charitable funds, the income of which can respond to community needs in many areas including: arts and culture, education, the environment, health care, and human services. Further information about these areas may be obtained by contacting the Community Foundation at (941) 955-3000.

In 1988, the Community Foundation of Sarasota County established its first scholarship fund and is now pleased to make scholarship assistance available to Adult Learners. **Students are considered Adult Learners if they did not enter higher education directly from high school, or if they are reentering school after years away from higher education.**

FAST TRACK EDUCATIONAL ASSISTANCE PROGRAM APPLICATION

The Community Foundation administers a number of scholarship funds. This application is for adult learners who are permanent residents of **Sarasota County** who plan to enroll in the nursing assistant program at a certified Florida Department of Education / Florida Board of Nursing school.

DETERMINATION OF AWARDS

Scholarship recipients are selected on an objective and competitive basis. Applicants will be judged on their financial need and their ability to succeed.

NOTIFICATION AND PAYMENT OF AWARDS

All applicants are notified in writing whether or not they receive an award. Payments are mailed directly to the school's financial aid office prior to the beginning of the Nursing Assistant Program. Checks are made payable to the school for the benefit of the award recipient.

APPLICATION PROCESS

To apply, students must submit the application form and enclose any additional required attachments. Applications MAY NOT be faxed or e-mailed. Incomplete applications will not be considered.

PLEASE READ ALL PAGES CAREFULLY BEFORE FILLING OUT THIS FORM.

You must complete each section of the application. You must include two letters of reference. You must select a school counselor or teacher, minister, employer or job supervisor as a reference; someone who knows you well and is in a position to evaluate you according to the criteria given. References should not be family members or friends.

If any questions are not applicable to your current situation, please attach an explanation referring to the questions by sections. If you need more space for any item, you may attach additional pages. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. The Community Foundation of Sarasota County reserves the right not to process applications found to be incomplete.

This application becomes valid only when It is filled out in its entirety AND The following have been submitted:

- 1. This application**
- 2. Student's complete, signed IRS tax forms for the most recent year or proof of income.**
- 3. Two letters of reference**
- 4. A copy of your letter of acceptance to the Nursing Assistant Program.**

APPLICATION DATA (Following this format, you may do this application on a computer.)

I. PRELIMINARY INFORMATION

Applicant's Name _____
First Name Middle Initial Last Name

Permanent Street Address _____

City _____ **County** _____ **State** _____ **Zip** _____

Mailing Address if different from above _____

City _____ **State** _____ **Zip** _____

Telephone Number _____ **E Mail** _____

Date of Birth _____ **Social Security # (optional)** ____/____/____
Month/Day/Year

II. PERSONAL/FAMILY INFORMATION

I am ___ single ___ married ___ divorced ___ a single parent

Number of dependent children living at home under 18 years of age ____ Ages _____

Do any children attend the following schools: Gocio Elem Alta Vista Booker Elem Tuttle Elem

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

Their employer _____

Position _____

Work Address _____

Work phone # _____

Have you ever been arrested? ___ Yes ___ No If yes, use a separate sheet to include date(s) and reason for arrest(s).

Have you ever been convicted of a felony? ___ Yes ___ No

(If yes, use a separate sheet to include date(s) convicted and charge(s) you were convicted of.)

III. PAST WORK EXPERIENCE - Please describe any paid work experience over the past 2 years starting with most recent employment.

Company	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week	Hourly Wage	Reason for Leaving

IV. FINANCIAL INFORMATION

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

B. Please fill in income, expense and savings account for the year January 1 to December 31 and enclose a complete signed copy of your **MOST RECENT IRS TAX RETURN or PROOF OF INCOME.**

1. Your monthly take home pay..... \$ _____

2. Spouse or live-in significant other's
monthly take home pay..... \$ _____

3. Other income

Alimony - per month..... \$ _____

Child support - per month..... \$ _____

SSI, SSDI, or Veterans Benefits - per month \$ _____

4. Cash, Savings and Checking Accounts - Balance\$ _____

5. Do you receive

TANF ___ Yes ___ No If yes, list monthly amount \$ _____

Food Stamps ___ Yes ___ No If yes, list monthly amount \$ _____

WIC ___ Yes ___ No If yes, list monthly amount \$ _____

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.)

V. PARAGRAPH - Please answer the following questions in the space provided.

1. Why are you interested in the Nursing Assistant Program?

2. **(Optional)** Are you involved in any community activities outside of work and home?

(For example: church, scouts, neighborhood, sports) Please list:

VI. SCHOOL INFORMATION

I am accepted to:

Sarasota County Technical Institute _____ Manatee Technical Institute _____ American Red Cross _____

I plan to attend Part Time Full time

Anticipated starting date _____ Anticipated completion date _____

ESTIMATED SCHOOL EXPENSES - Please use school data or information. Budget should be for one full course of study.

THIS SECTION IS VERY IMPORTANT TO SHOW HOW YOU PLAN TO FINANCE YOUR EDUCATION.

BUDGET for the period from _____ to _____

Estimated Annual Expenses

Tuition & Fees \$ _____
(credit hour costs & fees)

Books & Supplies \$ _____

Other Support \$ _____
Services Needed: \$ _____

TOTAL PROGRAM BUDGET \$ _____

Estimated Annual Resources

From family, friends \$ _____

Student contribution \$ _____

Other Scholarships \$ _____

Other Resources \$ _____

TOTAL RESOURCES \$ _____

Will you be able to receive financial support from family members to attend school? Yes _____ No _____

Are you receiving financial assistance from Suncoast Workforce? _____ If yes, who is your case manager? _____

VII. REFERENCE - You will need **two** letters of reference, from people other than family members. **This application will not be considered unless these references are attached.** It is the applicant's responsibility to ask these references 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 references along with your application in a sealed envelope. Do not have your references mailed separately.**

List the full names and telephone number of persons you have asked for references.

Full Name

Telephone Number

1. _____
2. _____

IX. CERTIFICATION

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

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 (IX).
- _____ Supplied two reference letters.
- _____ Enclosed MOST RECENT IRS TAX RETURN or PROOF OF INCOME.
- _____ Enclosed your acceptance letter to the Nursing Assistant Program.

If you have questions or need further information about this application please contact:

Earl Young, Manager, Scholarships and Special Initiatives
 Community Foundation of Sarasota County, Inc.
 (941) 556-7150

eyoung@cfsarasota.org
www.cfsarasota.org

Please return completed applications to:

Community Foundation of Sarasota County
 2635 Fruitville Road
 Sarasota, FL 34237