



The George Snow Scholarship Fund is currently offering scholarships to Single Parents that are wishing to return to school or that are currently enrolled in a local college or university. Applicants must be living in Palm Beach County or North Broward County, they must show financial need and be willing to help themselves and others.

2010 Single Parent Scholarship Application Application Instructions, Deadlines and General Information.

Deadlines and General Information

- Deadline for all applications is February 1, 2010.
- Applications must be postmarked before this time.
- Mail or deliver your application and requested information to:
**The George Snow Scholarship Fund
1860 North Dixie Highway
Boca Raton, FL 33432**
- Use paperclips (**NO STAPLES**) when needed.
- Type or print all information or **black ink**.
- Print all requested information only on one side of the page.
- Do not include any photographs with your application.
- Do not include any transcripts with your application.
- All applications and requested information become the property of the George Snow Scholarship Fund.
- All information must be supplied. If any information is incomplete, the application will be rejected.
- Should you be chosen to interview with the George Snow Scholarship Fund Selection Committee, you will be asked to bring copies such as transcripts and Tax Returns (IRS 1040 forms) to the interview to substantiate your application.

Specific instructions for selected questions

1. Date you complete this application.
- 2a.—2c. The phone number where we can best reach you. This is the number we will call if we need to

schedule an interview with you.

4. Use your proper name, no nicknames.
5. Write your permanent mailing address. All correspondence will be sent to this address.
- 10-11. Write in the date you became a legal resident of Florida and the County you now live in. If you have always lived in Florida and the County you now live in you may use your birth date as the legal date of residence.
17. Write in the number of family members who will be college students between July 1, 2010 and June 30, 2011. They must be enrolled at least half-time. Do not include yourself.
18. To be considered **“Dependent on Family”** individuals must be receiving more than half their support from you.
22. Please describe in detail any special circumstances you feel the Selection Committee should know about. This can be a very important part of the application to applicants who have gone through difficult and challenging circumstances. Please take time to relay all important information. All information will remain confidential.

Applicant’s Confidential Financial Information

- A. Use your latest Federal tax return to complete questions 23 - 29.
- B. Questions 30 through 47 must be answered and this section must be signed by the applicant.

If you have any questions on how to complete this application please do not hesitate to call the George Snow Scholarship Fund at (561) 347-6799 or email us at info@scholarship.org

Single Parent Applicant Information

1. Date of Application: ____/____/____ 2a. Home Phone # (____) _____ 2b. Work # (____) _____
Mo. Day Year

2c. Cell # (____) _____ 3. Email Address: _____

4. Name: _____
First Middle Last

5. Home Address: _____
Number and Street (Include Apt. Number)

6. Marital Status: (Circle one) Never-Married ___ Divorced ___ Separated ___ Widowed ___ Married ___
City State Zip Code

7. Date of Birth: ____/____/____ 8. Are you a U.S. Citizen? Yes ___ No ___ 9. Male ___ Female ___
Mo. Day Year

10. Date you became a resident of Florida: ____/____/____ 11. Of Current County: ____/____/____
Mo. Day Year Mo. Day Year

12. Name of the high school you graduated from: _____

13. Date of Graduation: ____/____/____ 14. Approximate Grade Point Average _____
Mo. Day Year

15. List in order of preference the three colleges, universities or vocational schools you would like to attend. Mark box to the left of institution name if you have been accepted or are currently attending.

	Name of Institution	City and State
1.	_____	_____
2.	_____	_____
3.	_____	_____

16. Anticipated major or area of study: _____

17. Number of family members attending college, at least half time, in your household: _____

18. List all sons, daughters or others in your household, their ages and are they dependent on you for support:

Name	Relationship	Age	Dependent on Family
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___

On separate sheets of paper type the following:

19. Work Experience: List your work experience over the last 4 years, in order, ending with your most recent job. Also list your salary history including current salary if applicable.

20. Goals: Describe your educational and career goals and objectives.

21. Supply the name, address and phone number of three individuals you would like to serve as a reference:

22. Special Circumstances: Relate any additional information you feel the Selection Committee should consider in the selection process.

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Applicant's Confidential Financial Information

Income, Earnings and Benefits: Please complete the following information from your latest completed Federal Tax Return.

30. Are you enrolled in the Florida Prepaid College Tuition Program?: Yes ___ No ___

31. Do you own your own Home?: Yes ___ No ___

32. How much rent do you pay, per month, if you do not own your own Home: \$____,____.00

Asset Information

33. Cash in Savings, Checking and Investment Accounts: _____,____.00

34. Stocks, Bonds, and Mutual Funds: _____,____.00

35. Home or Personal Residence Market Value: _____,____.00

36. Other Real Estate not including Home or Personal Residence: _____,____.00

37. Business Value: _____,____.00

38. IRA and Other Retirement Accounts _____,____.00

39. Other Assets: _____,____.00

40. Total Assets: _____,____.00

Liabilities and Debt Information

41. Credit Card Debt: _____,____.00

42. Home or Personal Residence Mortgages: _____,____.00

43. Other Real Estate not including Home or Personal Residence Mortgages: _____,____.00

44. Business Debt: _____,____.00

45. Other Debt: _____,____.00

46. Total Liabilities and Debt: _____,____.00

Net Worth

47. Total Assets less Total Liabilities and Debt: _____,____.00

The above Tax and Financial Information supplied is true and correct. I understand that all information is subject to verification and that falsification of any of the above information will result in immediate termination of any scholarship granted.

Applicant's Signature

(All information will remain confidential and will be destroyed if no financial aid is awarded or kept on file with the George Snow Scholarship Fund if a scholarship is granted.)

Authorizations & Verifications

Please read and understand the following paragraphs and sign below indicating you have done so.

1) I give The George Snow Scholarship Fund permission to use my name, any photograph, and writings provided to the organization to be used in any of its publication materials, reports, press releases, and activities associated with its scholarship programs. I understand that all financial information is, and shall remain, confidential.

2) I certify that the information in this application is correct to the best of my knowledge. I hereby give permission for this information to be released to the donor or potential donors of any scholarship for which I may be eligible.

3) I authorize the Financial Aid Office of any school to release information concerning other financial resources I may be receiving to the Scholarship Fund. I authorize The George Snow Scholarship Fund (including their Selection Committees) to review my college and high school grade transcripts.

I agree to the above,

Print Name

Signature of Applicant

____/____/____
Date