

**JOSEPH FALLON COLLEGE  
SCHOLARSHIP PROGRAM  
APPLICATION**  
226 Cypress Lane, Palm Springs, FL 33461

Please type or print all information.

**APPLICANT DATA**

NAME Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_  
PERMANENT ADDRESS & SSN Street \_\_\_\_\_ Palm Springs, FL 33461  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
DATE OF BIRTH Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Phone Number (561) \_\_\_\_\_ - \_\_\_\_\_

**PARENT(S) OR GUARDIAN INFORMATION**

NAME \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
POSITION \_\_\_\_\_  
EMPLOYER'S NAME & ADDRESS \_\_\_\_\_  
WORK PHONE \_\_\_\_\_

**HIGH SCHOOL DATA**

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**POST SECONDARY SCHOOL DATA**

Name of post-secondary school(s) you plan to attend. If unknown, list schools to which applications for admission have been sent \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
4 yr. College or University \_\_\_\_\_ Community College \_\_\_\_\_ Other \_\_\_\_\_  
Major course of study \_\_\_\_\_ Anticipated date of graduation \_\_\_\_\_  
Student will live  off campus  commute from home

**FINANCIAL ASSISTANCE QUESTIONNAIRE**

Income and tax figures are from a completed and filed tax return for prior or current year. A copy of completed Income Tax Return (IRS 1040) is required.

Adjusted gross income _____	Medical/Dental Expenses _____
Total U.S. Income Tax Paid _____	(not paid by insurance) _____
Total income of Father _____	Total Cash, Savings, Checking _____
Total Income of Mother _____	Number of exemptions _____
Non-taxable Income _____	claimed on tax return _____
(Social Security Benefits, Welfare, Child Support, Alimony, other)	

Marital status of parent or guardian  Married  Divorced  Separated  Widowed  Single

Total number of family members attending college at least half-time during next school year. \_\_\_\_\_

**OTHER AWARDS**

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming year including Pathfinder Awards nominations

Name of awards	Amount	Granted	Pending

**APPLICATION CHECKLIST**

This application for student aid becomes valid only when you have returned the following materials:

- |                             |  |
|-----------------------------|--|
| _____ Completed Application | _____ Current <b>Sealed</b> Transcript of Grades   |
| _____ Test Scores           | _____ Completed financial assistance questionnaire |
| _____ IRS Form 1040         |  |

**CERTIFICATION AND SIGNATURE**

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official I agree to give proof of the information that I have given on this form. Falsification of information may result in the termination of any scholarship granted. Upon submission, this application becomes the property of the Village of Palm Springs. If I win a Village of Palm Springs scholarship, I agree to furnish the Village with proof I attended a post-secondary school. If no proof is supplied by June 1 of the year following the award, I agree to return the scholarship money to the Village.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applications must be received at the Village Clerk's Office at Palm Springs City Hall by 4:30 PM on Tuesday, February 28, 2018 or be postmarked no later than February 28, 2018. Mail applications to:

SCHOLARSHIP APPLICATIONS  
 VILLAGE OF PALM SPRINGS  
 226 CYPRESS LANE  
 PALM SPRINGS, FL 33461-1699

**APPLICANT APPRAISAL** (To be filled out by a high school or college counselor or advisor, a member of the clergy, a professional person or supervisor who knows you well).

Please provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When the form is complete, please return it to the applicant.

This applicant's choice of a post-secondary education program is:

- extremely appropriate       very appropriate       moderately appropriate       inappropriate

The applicant's achievements reflect his/her ability.

- extremely appropriate       very well       moderately well       not well

The applicant's ability to set realistic and attainable goals is

- excellent       very good       fair       good

The quality of the applicant's commitment to school and community is

- excellent       good       fair       poor

I know the applicant

- extremely well       very well       moderately well       not well

Comments \_\_\_\_\_

Appraiser's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Appraiser's Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**TRANSCRIPT INFORMATION**

Include a sealed copy of your high school transcript of grades and have the following section completed by the appropriate high school official.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ (4.0 grade Scale)

PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT English \_\_\_\_\_ Math \_\_\_\_\_

I certify that this information is from a current and official transcript.

\_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone number \_\_\_\_\_

School Official's signature

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**WORK EXPERIENCE**

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job

Company/Position	Date from (mo./yr.)	Date to (mo./yr.)	Total Months Worked	Hours per wk.	Amount Earned

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the past 4 years (i.e. student government, music, sports. etc.) List all community activities in which you have participated without pay during the past 4 years. (i.e. Red Cross. hospital volunteer, church work). Indicate all special awards, honors, offices held. Use additional paper if needed.

Activity	no, of years partic.	Special Honors	Activity	no. of years partic.	Special Honors

**GOALS**

Make a statement of your plans as they relate to your educational and career objectives and future goals. Use additional paper if needed. Limit answer to 250 words

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