## JOSEPH FALLON COLLEGE SCHOLARSHIP PROGRAM
#### APPLICATION

### APPLICATION CHECKLIST

Be sure to complete every part of the application to avoid any loss of points if selections are left incomplete.

This application for the Village of Palm Springs Scholarship Award becomes valid only when you have returned the following materials:

<table>
<thead>
<tr>
<th></th>
<th>Completed Application</th>
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<th>Current Sealed Transcript of Grades</th>
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<tbody>
<tr>
<td></td>
<td>Goals Essay</td>
<td></td>
<td>Completed financial assistance questionnaire</td>
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<tr>
<td></td>
<td>Test Scores</td>
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<td>Check everything off as completed on this page and include this page in your application packet.</td>
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<tr>
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<td>IRS Form 1040</td>
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A GREAT PLACE TO CALL  HOME

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APPLICATION DATA

NAME Last_________________________First_________________________Middle Initial______

PERMANENT ADDRESS
Street_____________________________Palm Springs, FL 33461

& SSN Social Security Number _______ - _______ - _______

DATE OF BIRTH Month _____Day _____Year _______Phone Number (561)_____ - ______

HIGH SCHOOL DATA

School Name ______________________ Graduation Date: Month _____ Year _______

Address ___________________________Phone __________________________

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 ________________

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
GOALS

Provide a statement of your goals/plans as they relate to your educational and career objectives and future goals. Type this on a separate sheet of paper. Limit answer to 300 words.

WORK/VOLUNTEER 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.

List all community activities in which you have participated without pay during the past 4 years. (i.e. Red Cross, hospital volunteer, church work).

<table>
<thead>
<tr>
<th>Organization/Position</th>
<th>Start date Month/Year</th>
<th>End Date</th>
<th>Total Months Volunteer/Work</th>
<th>Hours Per Week</th>
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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.) Indicate all special awards, honors, offices held. Use additional paper if needed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year</th>
<th>Special Honors</th>
<th>Activity</th>
<th>Year</th>
<th>Special Honors</th>
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</table>
**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 complete this entire section and choose the best answer. Provide a descriptive sentence or paragraph in writing about this student. When the form is complete, please return it to the applicant. Thank you for taking the time for providing feedback about this student for the Village of Palm Springs scholarship committee.

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

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<tr>
<th>Option</th>
<th>Score</th>
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<tbody>
<tr>
<td>extremely</td>
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<tr>
<td>moderately</td>
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<tr>
<td>inappropriate</td>
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<tr>
<td>very</td>
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<tr>
<td>appropriate</td>
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The applicant's achievements reflect his/her ability.

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<tr>
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<td></td>
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<tr>
<td>very well</td>
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<tr>
<td>not well</td>
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The applicant's ability to set realistic and attainable goals is

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<td>excellent</td>
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<tr>
<td>fair</td>
<td></td>
</tr>
<tr>
<td>excellent</td>
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<tr>
<td>good</td>
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The quality of the applicant's commitment to school and community is

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<td>fair</td>
<td></td>
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<tr>
<td>good</td>
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<tr>
<td>poor</td>
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I know the applicant

<table>
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Comments

________________________________________________________________________
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Appraiser's name_________________________ Title_________________________ Phone____________

Signature_____________________________ Date:___________________________

Appraiser's Business Address: ___________________________ City ____________ State ___ Zip ______
**PARENT(S) OR GUARDIAN INFORMATION**

<table>
<thead>
<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>EMPLOYER</td>
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<tr>
<td>POSITION</td>
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<tr>
<td>EMPLOYER’S NAME &amp; ADDRESS</td>
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<tr>
<td>WORK PHONE</td>
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**FINANCIAL ASSISTANCE QUESTIONNAIRE**

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

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

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: ______

**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 Friday, February 28, 2020 or be postmarked no later than February 28, 2020. Mail applications to:

**SCHOLARSHIP APPLICATIONS**

**VILLAGE OF PALM SPRINGS**

**C/O VILLAGE CLERK’S OFFICE**

**226 CYPRESS LANE**

**PALM SPRINGS, FL 33461-1699**

Application I.D. # 2020 - ____________