



# City of South Pasadena

7047 SUNSET DRIVE SOUTH  
SOUTH PASADENA, FLORIDA 33707  
PH: (727) 347-4171 FAX: (727) 345-0518  
WWW.MYSOUTHPASADENA.COM

## **2018 GUIDELINES FOR THE CITY OF SOUTH PASADENA'S \$1,000 SCHOLARSHIP PROGRAM**

Attached is the application for the City of South Pasadena's \$1,000 Scholarship Program. Requirements for the scholarship are listed below:

1. Proof of residency for one year (utility bills, rent receipts, residential lease or property tax bill) for applicant OR eligible family sponsor (parent or grandparent).
2. Have been accepted at an accredited college, university, trade or technical school within the state of Florida. A letter of acceptance or other proof of enrollment in an eligible school for a term beginning between July 1<sup>st</sup> and December 31<sup>st</sup> of the current year. In addition, a statement from the school indicating the yearly cost of the school.
3. Educational transcript from the last school applicant attended.
4. Applicant shall not have been convicted of a crime or suspended or expelled from school within the past five years.
5. Statement of career goals and potential future benefit to the community.
6. Social security numbers must be blocked out on any required forms.
7. Applicant shall appear before the City Commission at a Commission meeting during the month of June 2018 to give an introduction and description of educational goals (contact the City Clerk's office for meeting dates and details).

No applicant shall receive the scholarship more than once. Applicants who did not receive a scholarship may reapply in subsequent years.

Scholarship awards may be used during the 2018-2019 school year only for the following educational expenses: tuition, books/required supplies, and on-campus housing. Any funds remaining after these expenses have been paid shall be returned to the City.

All forms and documents must be submitted no later than May 31, 2018. Upon review of all applicants, the City Commission, by majority vote, will grant the amount of \$1,000 to the student selected. A presentation will be made at a Regular Commission Meeting.

For questions about the scholarship program, application process or eligibility, please contact the City Clerk's office at 727-347-4171.



# City of South Pasadena

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## SCHOLARSHIP PROGRAM APPLICATION FORM

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LENGTH OF TIME RESIDING AT ABOVE ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_  
(if applicable)

SPONSOR'S ADDRESS: \_\_\_\_\_

SPONSOR'S LENGTH OF TIME RESIDING AT ABOVE ADDRESS: \_\_\_\_\_

SPONSOR'S PHONE NO: \_\_\_\_\_

SPONSOR'S RELATIONSHIP TO APPLICANT:    Parent    Grandparent  
(circle one)

SCHOOL YOU WILL BE ATTENDING: \_\_\_\_\_

WHEN DOES SEMESTER BEGIN? \_\_\_\_\_

COST OF SCHOOL PER SEMESTER: \_\_\_\_\_ PER YEAR: \_\_\_\_\_

LIST ANY SCHOLARSHIPS YOU HAVE RECEIVED OR WILL RECEIVE AND APPROXIMATE AMOUNTS FOR EACH:

\_\_\_\_\_  
\_\_\_\_\_

NO. OF SEMESTERS REQUIRED FOR GRADUATION: \_\_\_\_\_

COURSE DESCRIPTION, NUMBER OF HOURS AND TYPE OF DEGREE OR CERTIFICATE APPLICANT IS SEEKING:

\_\_\_\_\_  
\_\_\_\_\_

NAME OF SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_  
(If applicable)

HIGH SCHOOL GRADE POINT AVERAGE: \_\_\_\_\_

HIGH SCHOOL CLASS RANK: \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? \_\_\_\_\_

REASON:  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

REASON:  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT ANNUAL GROSS INCOME: \_\_\_\_\_

IF APPLICANT IS A DEPENDENT, ANNUAL GROSS INCOME OF SUPPORTERS:  
\_\_\_\_\_

STATEMENT EXPLAINING FINANCIAL NEED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATEMENT OF CAREER GOALS AND POTENTIAL BENEFIT TO COMMUNITY WHEN  
SUCCESSFULLY COMPLETING EDUCATION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachments Required:

- Proof of residency for one year (utility bills, rent receipts, residential lease or property tax bill) for applicant OR eligible family sponsor (parent or grandparent)
- College, trade or technical school acceptance letter (must be within the state of Florida)
- Statement from school indicating yearly cost
- Educational transcript from the last school attended

**SOCIAL SECURITY NUMBERS MUST BE BLOCKED OUT ON ALL REQUIRED FORMS.**

Initial your understanding and acceptance of the following:

\_\_\_\_\_ I understand my application and the attached documents are public records and may be subject to public disclosure.

\_\_\_\_\_ I have reviewed my application and the attached documents and have blocked out any social security numbers and/or personal data I do not wish to disclose.

I HEREBY ATTEST THAT ALL THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date