



APPLICATION

Sponsoring Chapter: _____

City: _____

Must complete entire application prior to submission

Please type or print:

Application for Academic Year: _____

Name: _____

Date of Birth: _____

Address: _____

Place of Birth: _____

City State Zip

Phone: (_____) _____

Email: _____
(critical for notifications)

*Father's Full Name: _____

*Mother's Full Name: _____

Address: _____

Address: _____

City State Zip

City State Zip

*If applicant is married, please complete above section with information for applicant's spouse. Parent information is applicable only when the applicant is a dependent of one or both parents. List names and ages of any other dependents of father, mother, and applicant. If dependent is attending a post-secondary institution, give school name.

NAME	AGE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unweighted Cumulative GPA _____ High School Class Rank: _____ out of _____

SAT: _____ / _____ Optional: _____ ACT: _____ Optional: _____
Reading & Writing + Math Composite Score

Name of Preferred College/University: _____

Address: _____

Have you been accepted to the above college/university? Yes _____ No _____

Do you plan to take a minimum of 12 credit hours of study per semester? Yes _____ No _____

Do you have a Florida Prepaid College Plan? Yes _____ No _____

Do you plan to accept a Take Stock in Children scholarship? Yes _____ No _____

Date application fee to the college/university was paid: _____

NOTE: The following information is required for compliance with the P.E.O. Foundation guidelines in order to maintain federal 501(c)(4) status.

1. Are you a Florida resident? Yes_____ No_____
2. a) Are you a citizen of the U.S.? Yes____ No____ **OR**
 b) Are you a lawful permanent resident of the US? Yes_____ No_____
- c) If requested can you provide documentation of your resident status? Yes_____ No_____
3. Are you a member of the P.E.O. Sisterhood? Yes_____ No_____
4. Is there a relationship between the applicant and:
 - a. A member of the P.E.O. Sisterhood? Yes_____ No_____
 - b. A trustee of the P.E.O. Foundation or an officer of the P.E.O. Sisterhood, including any member of the family? Yes_____ No_____
 - c. A donor of or substantial contributor to the FLPEOS fund? Yes_____ No_____
 - d. A corporation controlled by a grantor or substantial contributor to P.E.O.? Yes_____ No_____
 - e. A member of the FLPEO scholarship selection committee? Yes_____ No_____
 - f. The donor of or substantial contributor to the FLPEOS fund or any member of the donor's or contributor's family? Yes_____ No_____

If answer is yes to any of the above, describe relationship: _____

Please prepare and attach the following to your application:

1. A resume to include school, church, and community activities, including any offices held, achievements and honors received, plus employment history as applicable.
2. A one-page essay describing in detail your ultimate educational and career plans.
3. A current cell phone headshot or a Passport-size (2" x 2") photo (optional).
4. Complete high school transcript with final fall semester grades.
5. If ever dual enrolled, unofficial college transcript with final fall semester grades.
6. Three signed and dated letters of recommendation (counselor, clergy, teacher, business or professional person well known to you).
7. Copy of letter of acceptance from chosen Florida college or university. Submit with application or as soon as available, to be considered for the scholarship.

This application is due to the local chapter chair by **January 15th**.

Signature of Applicant: _____ Date: _____

Sponsoring Chapter: _____



FAMILY FINANCIAL STATEMENT

City: _____

Application for Academic Year: _____

This form must be sent to the sponsoring chapter along with the student's application and required materials by January 15th. However, for confidentiality purposes, this form may instead be mailed separately, directly to the state scholarship chair. Send *original plus two copies*.

Section 1: Student's Information

Student's Name: _____
Last First Middle

Home Address: _____
Street

City State Zip
Phone: _____ Email: _____
(critical for notifications)

Last four digits of SSN: _____

Section 2: Student's Financial Information

Current Year Expected Income (include all money you expect to earn even if you do not expect to file a tax return)

\$ _____

Average hours worked per week _____

Social Security Benefits \$ _____

Cash, Savings, Checking Accounts \$ _____

Net worth of investments (include trust funds, money market funds, certificates of deposit, stocks, bonds, and other investments) \$ _____

Section 3: Parents Financial Information*

Adjusted Gross Income from Federal Tax Return Tax Year _____ \$ _____

U.S. Taxes Paid (paid, not withheld) Tax Year _____ \$ _____

Annual Gross Income earned from work by father/stepfather _____ \$ _____

Occupation

Annual Gross Income earned from work by mother/stepmother _____ \$ _____

Occupation

Earned Income Credit \$ _____

Child Support Received \$ _____

Untaxed Social Security Benefits \$ _____

List Source and Amount of any other Income _____ \$ _____

Section 4: **Parents' Asset and Liability Information***

Cash, Savings, and Checking Balance \$ _____

Net Worth of Investments (Do NOT include your home) \$ _____

Net Worth of Business or Farm \$ _____

Mortgage Payment (annual) \$ _____

Other Liabilities (annual) \$ _____

Required documentation to be submitted with application are:
1 Most recent parent's tax return (Form 1040).
2 The Federal Application for Student Financial Aid (FAFSA).

Parents' Marital Status:

Married _____ Single _____ Divorced/Separated _____ Widowed _____

Number in family, including student, during next school year _____

Number in family who will be enrolled in college at least half time (6 credit hours) during the next school year _____

*If applicant is married, please complete sections 3 and 4 with information for applicant's spouse. Parent information is applicable only when the applicant is a dependent of one or both parents.

Please list all scholarships and any other financial aid for which you are applying or have available:

Scholarship/Grant/Financial Aid name	Amount	Date Applied for	Awarded?	Yes/No
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

Student Signature _____ Date _____

Parent Signature _____ Date _____
(One parent must sign)

This statement is to be used by the Florida P.E.O. Scholarship Committee in selecting the Florida Scholarship recipients. The form may be sent to the sponsoring chapter along with the other application material OR mailed directly to the state scholarship chair.