



William S. Harvey Deltona Scholarship Program Application 2015-2016

Applicant's Information

(Please print clearly using black or blue ink)

Applicant's Name: _____
(Last) (First) (Middle Initial)

Applicant's Current Address: _____
(Number and Street)

(City) (State) (Zip Code)

Deltona Resident since: _____
(month/day/year) (Minimum of six months residency required)

Preferred Telephone Contact #: _____

Secondary Telephone Contact #: _____

Email: _____

Applicant's Driver's License or Identification Number: _____
(State and Number) (Attach photocopy to documentation submitted)

I. Applicant's Family Information:

Father's Name: _____
(if applicable) (Last) (First)

Address: _____

Phone #: _____ Email: _____

Mother's Name: _____
(if applicable) (Last) (First)

Address: _____

Phone #: _____ Email: _____

Guardian's Name: _____
(if applicable) (Last) (First)

Address: _____

Phone #: _____ Email: _____

Number of members in household: _____ *(including self).*

Number in household currently attending a post secondary institution: _____

Application must be filled out completely for scholarship consideration.

Applicant's Name: _____

II. Applicant's Financial Information:

1. Applicants **must** provide one of the following for determination of financial need:
 - a) Copy of the applicant's **complete** university or college Federal Student Aid Report (FAFSA).
 - b) Copy of applicants **complete** including signature page (if filed as an independent) most recent, no earlier than 2014, Federal Income Tax Return.
 - c) Copy of parent/guardian's **complete** including signature page, most recent no earlier than 2014, Federal Income Tax Return.

2. List other pending or received Scholarships/Financial Aid, and amounts:

- a) _____ \$ _____ Applied Received
- b) _____ \$ _____ Applied Received
- c) _____ \$ _____ Applied Received

III. Applicant's Personal Information:

1. List previous and current work history. Use additional paper if necessary:

Company	Employment Dates	Responsibilities

IV. Applicant's Academic Information:

(Attach Official Transcript, GED Scores, and Test Scores)

Identify school type: High School _____ Home School _____ GED _____ College/University _____

School Name: _____
(Name) (Address)

Have you participated in a dual-enrollment program? Yes _____ No _____

Anticipated Graduation or GED Completion Date: _____

Current GPA: _____ Weighted GPA: _____ (If applicable)

Application must be filled out completely for scholarship consideration.

Applicant's Name: _____
(Last) (First) (Middle Initial)

VI. Applicant's Essay Submission:

1. On a separate sheet, or sheets, of paper the applicant must use the following format guidelines:
 - a. 500-750 words in length double-spaced
 - b. Non-bold Times New Roman 12 point font
 - c. Identify the essay with applicant's name and the essay theme title.

2. For the essay, address **one** of these four theme titles:
 1. Following your planned coursework, how will you contribute to the City of Deltona's future?
 2. Why do you consider Deltona to be unique among Florida cities?
 3. Why have you chosen your specific course of study/career?
 4. Why do you feel you are qualified to receive a City of Deltona Scholarship?

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If applicable)

For additional information, please contact:
William S. Harvey Deltona Scholarship Advisory Board
Staff Liaison/City Clerk's Department
2345 Providence Boulevard
Deltona, Florida 32725
(386) 878-8500

Please mail or hand deliver all pertinent documentation to:
William S. Harvey Deltona Scholarship Advisory Board
Staff Liaison/City Clerk's Department
2345 Providence Boulevard
Deltona, Florida 32725

Application must be filled out completely for scholarship consideration.

Disclaimer:

Scholarship award recipients have 30 days to reply in writing and submit a copy of letter of acceptance and Social Security form to the Scholarship Advisory Board. If a recipient fails to contact the Scholarship Advisory Board, funds will remain with the City of Deltona. The recipient must also notify the Scholarship Advisory Board with a copy of a letter of intent to enroll. Scholarship recipients who enroll at an accredited institution different from that listed on the application or Scholarship Recipient Acceptance Form will need to notify the Scholarship Advisory Board **immediately**. Allocated funds will be transferred to the appropriate Florida institution.

Optional Demographic Information

Name: _____
(Last) *(First)* *(Middle Initial)*

Applicant's Gender: Male / Female

Race/Ethnicity: _____ American Indian/Alaska Native

_____ Asian/Pacific Islander

_____ Black

_____ Hispanic

_____ Multiracial

_____ Other

_____ White

Date of Birth: _____
(Month) *(Date)* *(Year)*