

Dr. Alan J. Saffran Scholarship Application

Overview/Description:

The death of a parent or legal guardian has a profound impact on a child, and can place a significant financial burden on a family, including the ability to obtain funds for college. The **Dr. Alan J. Saffran Scholarship** will help to ease that burden by providing a \$1,500 scholarship to a deserving, college-bound Central Florida student, who has demonstrated perseverance in the face of this adversity, and who meets requirements set by the governing committee. The scholarship will be awarded based on the student's high-school educational achievement, character, and financial hardship/need. Funds can be used for tuition, housing, books or living expenses.

General Requirements:

Students applying for this scholarship:

1. Must have lost a parent or legal guardian to death.
2. Must have attended New Hope for Kids' grief support program in the past, or be currently enrolled.
3. Must be accepted as a full-time, degree-seeking student at an accredited, nonprofit 2- or 4-year college, university or technical school.
4. Must be between the ages of 17 and 22.
5. Must provide a copy of your most recent high-school transcript, showing proof of good standing with a 3.0 GPA or better. If you have received a GED, please provide a copy of your GED as well as your most recent high-school transcript. If you are a homeschooled student, please provide either 1) a transcript from your nontraditional private school or 2) a parent-generated transcript with a notarized affidavit that you have completed a high-school education.

Scholarship Terms:

1. The scholarship will be paid directly to the college or university's financial aid office where the student is/will be attending.
2. The student can reapply for this scholarship on a yearly basis. There is no guarantee the same student will be selected each year to receive this scholarship.
3. The scholarship recipient will be selected by May 15 of each year.
4. Applications are due by March 1 of each year.

APPLICATION FORM

Student Information

Full Name: _____

Street Address: _____

City, State and Zip: _____

Primary Phone Number: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____

U.S. Citizen: YES/NO

Parent or Guardian Information

Deceased Parent or Legal Guardian's Name

Living Parent or Legal Guardian's Name

Street Address: _____

City, State and Zip: _____

Primary Phone Number: _____

Email Address: _____

Sibling Information

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Personal References

Name: _____

Street Address: _____

City, State and Zip: _____

Daytime Phone Number: _____

Email Address: _____

Relationship to Applicant: _____

Student's Educational Information (*attach extra sheet if necessary)

High School: _____

Street Address: _____

City, State and Zip: _____

Phone Number: _____

Honors*: _____

Offices Held*: _____

Community/Extracurricular Activities*: _____

College: _____

Intended Major: _____

Expected Start Date: _____

Expected Graduation Date: _____

Financial Need

Current Household Annual Income: _____

Short Essay

Please attach a short essay (2-3 paragraphs) about the impact your parent’s or legal guardian’s death has had on your life and family, how you have persevered, and your goals for the future.

Additional Information

Please attach a copy of your most current high school transcript.

Please attach 2 letters of recommendation from a teacher, counselor, coach, minister or adult mentor who knows you well.

Student and Parent/Guardian Affirmation

Both student and parent/legal guardian must read the following statement and sign as indicated.

We affirm that the information on this application is accurate, true and complete to the best of our knowledge. We understand misrepresentations may constitute fraud, which may result in the loss of eligibility of this scholarship or other legal consequences. We give permission to the selection committee of the Dr. Alan J. Saffran Scholarship Fund to review student transcripts and other personal information provided.

_____	_____	_____
Applicant Signature	Print Name	Date

_____	_____	_____
Parent/Legal Guardian Signature	Print Name	Date