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: __________

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