# COLLEGE FUND OF PINELLAS COUNTY, INC. GRANT APPLICATION

## **ATTENTION!**

Are you eligible for a grant from the College Fund of Pinellas County?

Please check "Yes" or "No" for	the following statements:						
1. I am a resident of Pinellas County. ( )Yes ( ) No							
2. I am a citizen of the USA. ( ) Yes ( ) No							
3. I am receiving a Pell Grant. ( ) Yes ( ) No							
4. I am attending a regional	lly accredited college. ( ) Yes ( )	No					
5. I plan to receive a bachel	or's degree. ( ) Yes ( ) No						
6. I have a high school GPA	of 2.5 or better <u>OR</u>						
a college GPA of 2.0 or better. ( ) Yes ( ) No							
7. I will be available for an i	in-person interview						
on a 2 <sup>nd</sup> , 3 <sup>rd</sup> or 4 <sup>th</sup> S	Saturday in July ( ) Yes ( ) No						
If you checked "yes" for each of the	e preceding statements, you may co	ontinue↓					
**********	*********	*****					
Print, complete & mail this application t							
College Fund of Pinellas County, Inc.	<del></del>						
P.O. Box 7425							
Seminole, FL 33775							
with the following attachments:							
• High school or college transcript (through sprin	ng term)						
• Financial aid notice from your chosen college s	howing the grants and scholarships a	awarded to you					
	Futures, etc.)	•					
• A one-page essay telling us about yourself and	about your career and life goals						
*************	***********	******					
Part I: <u>Personal In</u>	formation PLEASE PRINT						
I. Name	( ) Male E	Birth Date					
Last First	Middle ( ) Female						
2. Home address		Ct + 0 7:					
Street  3. Address at college (if available)	City State & Zip						
4. Home E-mail address	Home Phone						
5. Email address at college	Cell phone						
6. How did you hear about the College Fund?							

## Part II: Educational Background PLEASE PRINT

1. High school					
Name, City & State					
2. HS Graduation Date	HS Grade Point A	HS Grade Point Average: Weighted Unweighted			
	SAT composite score ACT c			composite score	
3. College in which you are currently registe					
4. College credit hours already completed:					
College Name	City	State	Major	Credit Hours	
				Completed	Average
5. Extra-curricular activities, offices held, sp	ecial honors, part-time j	obs, etc.		<u> </u>	
School	· •	· · · · · · · · · · · · · · · · · · ·			
Community Service					
Hours worked weekly and where					
6. Describe your college major field of interes					
					<del></del>
	<u>inancial Information</u> P				
1. List the name and amount of any other col addition to those shown on the financial aid a			olarships	for which you l	nave applied in
		_			
2. How many hours credited toward graduati	ion will vou be taking in	the forthco	oming sc	hool vear?	
,		the forther	siming se	noor year.	
Spring					
APPLICANT SIGNATURE				Date	
PARENT/GUARDIAN SIGNATURE (For dependent applicants only)		· · · · · · · · · · · · · · · · · · ·		Date	

### **!! DON'T FORGET TO ATTACH:**

- 1. High school or college transcript (through this spring term)
- 2. Financial aid notice from your chosen college (for the coming fall term)
- 3. A one-page essay telling us about yourself and your career and life goals *WARNING!!*

# APPLICATIONS RECEIVED WITHOUT THESE THREE ATTACHMENTS ARE INCOMPLETE AND INELIGIBLE FOR FURTHER CONSIDERATION!

### When to Apply

New applicants (i.e., students who have not received a College Fund grant in the current or preceding semester) should submit their application as soon as possible **after the spring college semester (or after graduation for high school students)**. No applications will be accepted after 32 interview appointments are filled or the third Friday in July, whichever comes first. Do not send your application without the three required attachments.

### What to Expect

For a description of our selection process go to <u>www.collegefundpinellas.org</u>, click on "Grant Application," scroll down the page, and click on <u>our selection process</u>. You will be notified by email when your application is received. If you are chosen for an interview, you will be contacted by the 3<sup>rd</sup> Friday in July.

#### Questions?

If you have any questions, please call Dr. Shirley Lorenzo at (727) 391-9872

#### **Privacy Policy**

Maintaining student privacy is important to the College Fund of Pinellas County, Inc. By signing and submitting this Application Form, applicants give their permission for their personal information thus provided to be shared only with the directors of the College Fund of Pinellas County, Inc. and only to evaluate the applicant's eligibility to compete for a grant and be scheduled for an interview.

Postal and email addresses and telephone numbers provided on this form will be used only by the directors of the College Fund of Pinellas County, Inc. and only to request clarification of information submitted, to schedule selected applicants for interviews, or to inform applicants of their non-selection to receive a College Fund grant. The College Fund of Pinellas County, Inc. will not sell, share, rent or otherwise transfer information provided on the Application Form to any other organization or to any other persons; however, applicants selected to receive a grant may have their name, photograph, hometown and college announced in news media and in fund solicitations sent to our donors.

If you have questions or concerns regarding this Privacy Policy, please contact the College Fund of Pinellas County, Inc. at info@collegefundpinellas.org or at P.O. Box 7425, Seminole, FL 33775.