



**Basil L. King Scholarship Foundation  
2021-2022 Application  
Application Deadline: Wednesday, June 30, 2021**

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**The Basil L. King Scholarship is for St. Lucie County residents pursuing a career in the Health Sciences.** To apply for the Basil L. King Scholarship, you must **complete** the attached application and provide all required information for consideration.

**Required Documents**

1. Completed Scholarship Application
2. **Official** College Transcript
3. Letter of Acceptance into Health Science Program
4. Must have a cumulative GPA of 3.00 or higher
5. Copy of Driver's License
6. Statement of educational goals and career objectives (type-written not to exceed 500 words)

Submit completed application and required documents to:

Basil L. King Scholarship Foundation  
c/o Indian River State College Foundation  
3209 Virginia Avenue  
Fort Pierce, FL 34981-5596

\*\*Notification of Award Status:

**All** applicants will be notified of their award status by Friday, July 30, 2021. If you do not receive your award letter by Friday, July 30, 2021, please contact Latrice Thomas at [ltrhomas@irsc.edu](mailto:ltrhomas@irsc.edu) or (772) 462-7246.

**If you have any questions or need additional information, please contact Latrice Thomas at [ltrhomas@irsc.edu](mailto:ltrhomas@irsc.edu) or (772) 462-7246.**

**INCOMPLETE APPLICATIONS  
WILL NOT BE CONSIDERED**



Which Health Science program have you been admitted to for the 2021-2022 academic year? \_\_\_\_\_

What year were you accepted into your Health Science program? \_\_\_\_\_

What year do you expect to complete your current Health Science program? \_\_\_\_\_

Have you applied for Financial Aid? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION B** APPLICANT AND SPOUSE INCOME INFORMATION  
THIS SECTION MUST BE COMPLETED TO APPLY FOR THIS SCHOLARSHIP. IF YOU LEAVE THIS SECTION BLANK, YOUR APPLICATION WILL NOT BE PROCESSED.

Applicant's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(If applicable)

Applicant's 2020 income (before taxes) \_\_\_\_\_

If married, spouse's 2020 income (before taxes) \_\_\_\_\_

Other income (taxable plus non-taxable) \_\_\_\_\_

**APPLICANT'S/SPOUSE'S TOTAL 2020 INCOME** \_\_\_\_\_

List the dependents who receive more than 1/2 of their support from you:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Number in family who will be attending college in 2021-2022 \_\_\_\_\_

I am listed as a dependent for tax purposes by my parent(s)/guardian(s). Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the above question, you must complete **SECTION C**.

**SECTION C** PARENT(S)/GUARDIAN(S) INFORMATION  
STUDENTS LISTED AS DEPENDENTS FOR TAX PURPOSES BY THEIR PARENT(S)/GUARDIAN(S) MUST COMPLETE THIS SECTION IN ORDER TO BE CONSIDERED FOR THIS SCHOLARSHIP.

Father/Guardian	Mother/Guardian
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Occupation: _____	Occupation: _____

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

**Please continue by completing Section D.**

**SECTION D**

**PARENT(S)/GUARDIAN(S) INCOME INFORMATION**

**STUDENTS LISTED AS DEPENDENTS FOR TAX PURPOSES BY THEIR PARENT(S)/GUARDIAN(S) MUST COMPLETE THIS SECTION IN ORDER TO BE CONSIDERED FOR THIS SCHOLARSHIP.**

Parent Marital Status: \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ separated \_\_\_\_\_ divorced

Father's 2020 income (before taxes) \_\_\_\_\_

Mother's 2020 income (before taxes) \_\_\_\_\_

Other income (taxable plus non-taxable) \_\_\_\_\_

**PARENT(S)/GUARDIAN(S) TOTAL 2020 INCOME** \_\_\_\_\_

Dependents who receive more than 1/2 of their support from parent(s)/guardian(s):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Number in family who will attend college in 2021-2022 \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATION (Required from parent(s)/guardian(s) of student required to complete this section):**

**I declare that the above responses are true, correct, and complete.**

\_\_\_\_\_  
Parent/Guardian signature                      Date                      Parent/Guardian signature                      Date

**SECTION E**

**APPLICANT CERTIFICATION/AUTHORIZATION**

**(REQUIRED FOR ALL APPLICANTS)**

I declare that my responses on this application are true, correct, and complete. I understand the terms and conditions of the scholarship for which I am applying. I hereby authorize release of information contained in this application, my academic transcript and any additional information to the Basil L. King Foundation.

I UNDERSTAND THAT IF MY APPLICATION IS NOT COMPLETE I WILL NOT BE CONSIDERED.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT! YOUR APPLICATION IS NOT COMPLETE UNLESS:**

**ALL REQUIRED SECTIONS ARE COMPLETED AND YOUR APPLICATION IS SIGNED**