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## THE MICHAEL ABT JR. MEMORIAL ENDOWED SCHOLARSHIP APPLICATION

(Funded by the Michael Abt. Jr. Have a Heart Foundation, Inc. – Non-Profit Number CH21741)

### 2023-2024 Application

**Application Deadline: March 15, 2023**

In order for your application to be considered, please attach **all** documents listed below and return to the IRSC Foundation Office. One letter of recommendation from a faculty or staff member from the Indian River County Public High School applicant attends is required. Incomplete applications will not be considered.

#### **Eligibility Requirements:**

1. Must be a graduating senior from any Indian River County Public High School (Vero Beach High School, Indian River Charter High School or Sebastian High School)
2. **Must be planning to attend IRSC**
3. Must have a 2.0 or higher GPA
4. CPR/AED certification preferred

#### **Required Documents:**

1. Completed Scholarship Application
2. High School Transcripts
3. Counselor Report
4. One letter of recommendation (Indian River County Public High School faculty or staff member)

Send all documents to:

Sherri Monds  
IRSC Foundation Office  
3209 Virginia Avenue  
Fort Pierce, FL 34981  
(772) 462-4786 (phone)  
(772) 462-4602 (fax)



**Father/Guardian's Current Employer(s)**

Parent/Guardian's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated Yearly Income (before taxes: \_\_\_\_\_

**SECTION D** HOUSEHOLD INFORMATION

Please list all family members or persons living in the home other than student applying:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Currently in College</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION E** STUDENT GOALS AND ACCOMPLISHMENTS

Please describe your current academic and career goals. (Feel free to attach separate document if more space is needed.)

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Please describe any awards or achievements that you feel the scholarship committee should be aware of. (Feel free to attach separate document if more space is needed.)

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Please describe any extenuating circumstances that you feel the scholarship committee should be aware of, as related to your financial need for this scholarship. (Feel free to attach separate document if more space is needed.)

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Are you CPR/AED CERTIFIED?  Yes  No

If not, would you like to be?  Yes  No

**Applicant Certification and Authorization - Signature Required**

*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 scholarship donors and the IRSC Foundation Scholarship committee.*

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

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

**Parent/Guardian Certification and Authorization**

(For students under 18 or those listed as a dependent for tax purposes)

I declare that the above responses are true, correct, and complete. I hereby authorize the release of information contained on this application that might be required to scholarship donors.

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