



**THE MICHAEL ABT JR. MEMORIAL ENDOWED
SCHOLARSHIP APPLICATION**

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

2017-2018 Application

Application Deadline: March 15, 2017

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:

Julia T. Keenan
IRSC Foundation Office
3209 Virginia Avenue
Fort Pierce, FL 34981
(772) 462-4786 (phone)
(772) 462-4602 (fax)

**THE MICHAEL ABT JR. MEMORIAL ENDOWED
SCHOLARSHIP APPLICATION**
Application Deadline: March 15, 2017

SECTION A STUDENT IDENTIFICATION INFORMATION

Student Name: _____

Home Address: _____
(address) (city) (zip)

Permanent Mailing Address: _____
(if different from above – including street address or PO Box, city, and zip)

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Email Address: _____
month/day/year

High School Name: _____ High School Graduation Date: _____

Are you currently enrolled in college through dual-enrollment? ____ YES ____ NO

What college/university will you attend in August 2017? _____

Expected College Graduation Date: _____

Are you eligible for Federal Financial Aid (FAFSA)? _____

SECTION B PARENT INFORMATION

Students listed as dependents for tax purposes by their parent(s)/guardian(s) **MUST** complete this section.

Mother/Guardian's Current Employer(s)

Parent/Guardian's Name: _____

Employer: _____ Occupation: _____

Address: _____ Phone: _____

Estimated Yearly Income (before taxes): _____

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.)

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.)

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.)

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 dependant 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*