



**SCHOLARSHIP APPLICATION FORM
CLASS OF 2024**

AWARD AMOUNT:

- Five Scholarships in the amount of \$1000.00 USD, will be awarded to the top 5 scholars.

CRITERIA FOR QUALIFICATION:

NOTE: All Applicants must:

- Be a 2024 graduating senior from any private, charter, or public high school in Broward County.
- Reside within the city limits of the City of Lauderhill.
- Be a U.S. citizen, a resident alien, or the child of a resident alien.
- Applied for federal student aid (FAFSA).
- Demonstrate outstanding citizenship through volunteer work & academic excellence.

All Applicants must submit their completed application to the City before or by Thursday, May 23, 2024.

This must be **Mailed** or **Dropped** off at Lauderhill City Hall using the information below:

City of Lauderhill – Attention: Elvine D. Johnson-O’Meally
RE: Education Advisory Board Scholarship
5581 West Oakland Park Blvd.
Lauderhill, FL 33313

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

- Kindly read the form in its entirety.
- Ensure that each section of the form is accurately completed. For areas not applicable, write ‘N/A’.
- Type or clearly print the required information using black ink or fonts.
- If you need assistance in completing your application, please see your BRACE Advisor or call the City of Lauderhill EAB Staff Liaison- Mrs. Elvine Johnson-O’Meally at 954.777.2043.

REQUIRED SUPPORTING DOCUMENTATION CHECKLIST FOR APPLICANTS/BRACE ADVISORS:

NOTE: The following documents, must be submitted with the completed application form.

I. Complete application form and attach any additional pages or supporting documents	
II. Two (2) letters of recommendation from teachers, guidance counselors, employers, ministers, or community leaders	



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III. Official copy of your transcript (in a sealed envelope)	
IV. Copy of your full FAFSA Student Aid Report	
V. Copies of acceptance letters to colleges/universities (if applicable)	
VI. Copies of scholarship/grant award letters (if applicable)	

1. Full Name (Format: First, Middle, Last Name):
2. Full Home Address (Format: Street Suite/ Apt #, City, State, Zip Code):
3. Best Telephone #:
4. Date of Birth:
5. High School Attended:
6. Email Address:

SECTION #1 – ACADEMICS:

7. Anticipated Graduation Date:
8. Cumulative High School GPA:
9. SAT/ACT Scores (Math/Verbal/Composite):
10. List any academic award or recognition you have received include Award/Recognition Year Received (**NOTE:** Use additional sheets if more information is needed)

NAME OF AWARD/RECOGNITION:	YEAR RECEIVED:



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SECTION #2 – COMMUNITY INVOLVEMENT:

11. Please list your school activities, including any leadership positions you held during Grades 9-12. Including Activity Office Held (if any) Year (**NOTE:** Use additional sheets if more information is needed)

NATURE OF SCHOOL ACTIVITY:	LENGTH OF TIME IN THIS ACTIVITY:	GRADE LEVEL:

NAME OF LEADERSHIP POSITION HELD:	LENGTH OF TIME IN THIS ROLE:	DUTIES PERFORMED:	GRADE LEVEL:



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SECTION #3 – COLLEGES AND UNIVERSITIES:

12. List the colleges and universities you have been accepted into. (**NOTE:** Use additional sheets if more information is needed)

#	NAME OF COLLEGES/UNIVERSITIES:
1	
2	
3	
4	
5	

13. What is your desired major?

14. What college/university are you planning to attend?

15. Please describe your career goals.



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SECTION #4 – WHY ME?

16. Tell us something about yourself that would distinguish you from other applicants, and why you should be selected for this scholarship. (**NOTE:** Use additional sheets if more information is needed)



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SECTION #5 –SIGNATURES:

I. By signing below, you are verifying that all the information submitted is complete and correct to the best of your knowledge:

Name of Applicant	Signature of Applicant	Date Signed
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Name of Parent	Signature of Parent	Date Signed
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II. If I am awarded the City of Lauderhill Education Advisory Board Scholarship, I agree to submit a report at the conclusion of the first year of enrollment, briefly describing my college experience.

Name of Applicant	Signature of Applicant	Date Signed
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Name of Parent	Signature of Parent	Date Signed
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III. I understand that the funds awarded through this scholarship expires at the end of the 2024-25 school year. Any remaining funds at that time will be used towards funding a scholarship for another deserving student.

Name of Applicant	Signature of Applicant	Date Signed
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Name of Parent	Signature of Parent	Date Signed
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