

# **Scholarship Guidelines**

In order	to qualify for the 2017-18 DeBartolo Family Foundation Scholarship, all applicants <u>MUST</u> :
	Be a current high school senior, Class of 2018, in Florida's Hillsborough, Pasco, Pinellas or Polk
	counties.
	Have plans to continue his or her education at a University, Community College or Technical
	School starting in summer or fall of 2018.
	Checklist for Submission
	Completed and signed DeBartolo Family Foundation Scholarship Application.
	Principal, Vice Principal or Guidance Counselor Signature.
	Maximum 250 word essay, summarizing personal and academic achievements.
	Page 1 of applicant's parent or legal guardian's Federal Income Tax Returns from the
	previous <b>TWO</b> years. Please <b>DO NOT</b> send applicant's W-2 forms, as these are not a
	representation of overall household income. If your parent or legal guardian has no income,
	please supply proof of benefits in lieu of tax returns. (social security numbers can be
	blacked out)
	Mail <b>COMPLETED</b> scholarship application including essay and required parental/legal
	guardian tax information postmarked by March 30, 2018 to: DeBartolo Family Foundation,
	Attn: Melissa Johnson, 15436 N. Florida Avenue, Suite 200, Tampa, FL 33613. Incomplete
	applications will not be considered!
	PLEASE DO NOT send applicants photos, awards, grades, transcripts, additional references or
	letters of recommendation. These items will be discarded and will have no impact on scholarship
	recipients.

#### **Decisions**

All final scholarship authority resides with the Board of Directors of the DeBartolo Family Foundation. Applicants will be notified by mail with the status of their application.



# Scholarship Application: For current high school seniors, Class of 2018, in Florida's Hillsborough, Pasco, Pinellas or Polk counties attending college in Fall of 2018 as a first time in college student.

Please type or print. All portions of this application must be completed.

Applicant Name First:	Middle:		Last:	
Address:	City:		State:	Zip:
Telephone: (	Birth date:		SS #:	
Cell Phone: (	Email:			
High School Attended:	S	tart Date:	Diploma	date:
School Address:	Cit	y:	State: _	Zip:
Date you plan to enter college: Student's employment history:				
What other scholarships have you rece				s along with dollar
amount. (Indicate if it is a one-time sch Name of Scholarship			• ,	Amount Received
amount. (Indicate if it is a one-time sch Name of Scholarship	olarship or annual. Use sep  Annual Yes/No	Amount App	olied for	Amount Received
Name of Scholarship	Annual Yes/No	Amount App	olied for	\$
Name of Scholarship	Annual Yes/No	Amount App	olied for 	
Name of Scholarship	Annual Yes/No	<b>Amount App</b> \$  \$  \$	olied for — —	\$ \$
Name of Scholarship	Annual Yes/No  Annual Yes/No  otal scholarship mon	<b>Amount App</b> \$  \$  \$	olied for — —	\$ \$ \$
Name of Scholarship  T	Annual Yes/No  Annual Yes/No  otal scholarship mon	<b>Amount App</b> \$  \$  \$	olied for — —	\$\$ \$\$ \$\$ \$\$

### **FAMILY INFORMATION**

Name of parent(s) or guardian:		
Address:	City:	State:Zip:
Address if different from Applicant		
Telephone: (		
Father's Employer:		Work Phone: ()
Position/Title:		Cell Phone: ()
Email:		
Address:	City:	State: Zip:
Mother's Employer:		Work Phone: ()
Position/Title:		Cell Phone: ()
Address:	City:	State: Zip:
Email:		
Total household annual income: \$		
		al Income Tax Returns from the previous
TWO years. Application WI	<mark>LL NOT</mark> be consi	dered without this information.
College Plans	,,,,,,,,,,,,,,,	
Indicate below the college(s) you would like to attended to the colleges:	nd or have applied to Accep Yes/	oted
Course of study you plan to follow (show first and s	,	
2.		

## **ESSAY**

raining/part-time work. (Attach a separate	e sheet if necessary.)	extra-curricular activities, community service, and join
CERTIFICATION  certify that I am a U.S. citizen or lawful penior in good standing. All requested tax	permanent resident (alien #	and am currently a high school sed and the information I have submitted is true and
orrect to the best of my knowledge.		

#### **REFERENCES:**

completed only after you have completed the entire application and should be included with your application. **DO NOT MAIL** SEPARATELY. Applicant/Student's Name: \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Student GPA \_\_\_\_\_ Student ranks \_\_\_\_\_ in a graduating class of \_\_\_\_\_ students. In character, personality, school citizenship, development, conduct and leadership, how would you classify this student? \_\_\_\_\_ Top 10% of the class \_\_\_\_\_ Average \_\_\_\_\_ Below average Did applicant receive any special recognition for school activities? If so, please explain. Anything additional you feel would qualify this student for scholarship consideration? I certify that the information contained herein is correct to the best of my knowledge. I also certify that the data related to scholastic performance is from a current and official transcript. **Application Checklist** Signature Completed Application, Signed by Student and/or Guardian (Pages 1-3) Principal, Vice Principal or Guidance Counselor Signature (Page 4) Title Copy of Federal Income Tax Return (Page 1 of Tax Form) from the last **TWO** years. Completed Essay Date PLEASE DO NOT SEND TRANSCRIPTS OR GRADES

This part is to be completed by your high school Principal, Vice Principal, or Guidance Counselor. This part should be

Application & all required attachments must be postmarked TOGETHER by: March 30, 2018 to:

DeBartolo Family Foundation Attn: Melissa Johnson 15436 N. Florida Avenue, Suite 200 Tampa, FL 33613 813-964-8302