

**Community Foundation of Collier County
Daphne Scholarship Fund Application**

PERSONAL INFORMATION

Name: _____

Street: _____ Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____
(please specify: cell, work, etc.)

Date of Birth: _____ Social Security Number: _____

Race: *(circle one)* African American Caucasian
Hispanic Other-please specify

Number & Ages of Children *(if applicable)*: _____

Mother's Name: _____

Father's Name: _____

Guardian's Name: _____

Amount *(if applicable)* that parent's/guardian will contribute towards your education: _____

Student's Total Monthly Expenses: _____

Costs: Tuition _____ Books _____ Fees _____ Other _____

List Any Other Resources You Have Available Including Other Financial Aid:

HIGH SCHOOL INFORMATION

School: _____ GPA: _____

Counselor Name: _____ Phone: _____

List Activities and/or Offices Held: _____

List Honors and/or Awards: _____

COMMUNITY INFORMATION

List Community Service Volunteer Activities: _____

List Work Experience: _____

References: Please submit three (3) letters of recommendation. One must be drawn from a school authority. The others may come from an adult over the age of 18, that has known the Applicant for at least two (2) years.

TRAINING & EDUCATION EXPECTATIONS

Institute(s) Applied To: _____

Institute(s) Accepted By: _____

Probable Course of Study: _____

Career Plans: _____

SCHOLARSHIP AGREEMENT

The Daphne Scholarship Fund requests all Applicants for scholarships to sign the following:
I do not now, and will not through the course of my education, use illegal drugs. I understand that if I fail to abide by this requirement, I will have to repay the scholarship money within one year of the breach, at an annual interest rate of 10%, with a late charge of 1 1/2%, calculated from the date of receipt of my scholarship.

Witness

Applicant

Date

Date