STATEMENT OF PURPOSE

The purpose of Friends of 440 Scholarship Fund is to aid dependents of workers who are injured in the course and scope of their employment and receive benefits under the Florida Workers’ Compensation Law and who reside or whose accident occurred in the State of Florida. Applicants must not be related directly or indirectly to any member of the Board of Directors. Furthermore, dependents of individuals who primarily engage in the operation and/or administration of the Florida Workers’ Compensation Law are eligible to receive the scholarship on a statewide basis. This scholarship is intended to aid students who lack the economic ability to continue education beyond high school or to further their college education. Applications must be submitted no later than February 28th of the year the scholarship is to be awarded.

The organization’s name was adopted from the Florida Workers’ Compensation Law, Chapter 440, Florida Statutes. It is recognized by the IRS as a 501(c)(3) tax-exempt charitable organization.

REQUIREMENTS

You may complete this application online or download the PDF and send via email to: lori@440scholarship.org

Or by US Mail:
Friends of 440 Scholarship Fund, Inc.
One Datran Center
9100 South Dadeland Blvd., Suite 1600
Miami, FL 33156-7818

For additional information and updates:
Website: www.440scholarship.org
Phone: (305) 423-8710

Grade Point Average
High school applicants must have a 2.70 GPA; college applicants must have a 3.0 GPA to apply. All applicants must maintain a cumulative 3.0 GPA for all renewals of the scholarship. The scholarship is not available for students attending graduate school.

Notice of Non-Discriminatory Policy
Friends of 440 Scholarship Fund, Inc. does not discriminate on the basis of race, color, national or ethnic origin.

Mandatory – Applications Must Include Photocopies (Not Originals) of the Following:

- Copy of 2021 tax return of parent(s) and/or guardian
- Copy of applicant’s 2021 tax return (if returns are not available by application deadline, notify the office)
- Copy of applicant’s most recent school transcript.
- FAFSA form information – go to www.fafsa.gov to file
- If parents are divorced, copies of (1) divorce decree, (2) court order of support and (3) property settlement agreement.

Applications will NOT be processed if ANY of the above documents are missing.
I. STUDENT APPLICATION

INSTRUCTIONS
This portion of the application should be completed by the individual who is applying for the scholarship. Please answer all questions. Read the application in its entirety before completing. Please type or print in black or blue ink only. Answer all questions. Sign your name where indicated on page five. If more room is needed to complete any answer, attach a page to the back of this application referencing the appropriate question number. This fill-in form allows you to enter more characters than will appear when it is printed. Please proof read the form carefully after you print it to make sure your answers appear as you intended.

Check One:  
[ ] NEW APPLICANT  [ ] RENEWAL APPLICANT

1. Name:
   Last [ ]  First [ ]  Middle Initial [ ]

2. Address:
   Apt. [ ]
   City [ ]  County [ ]  State [ ]  Zip Code [ ]

3. Phone: [ ]  Cell Phone: [ ]
   E-mail: [ ]

4. Social Security No.: [ ]

5. QUALIFICATIONS FOR SCHOLARSHIP – Choose one and complete 5a or 5b as appropriate. If you do not meet one of these, you are not eligible for the scholarship.
   [ ] I am a dependent of an injured worker.
   [ ] I am a dependent of individual involved in the administration of the Florida Workers’ Compensation Law (adjuster, case manager, support staff, rehabilitation provider, etc.).

State why you are eligible to receive this scholarship as it relates to the Statement of Purpose on page one.

5a. Name of injured Worker: [ ]
   Social Security No.: [ ]  Date of Accident: [ ]
   OJCC # (Case Number) of Injured Worker: [ ]
   Name and Address of Employer: [ ]

5b. Name of individual involved in the administration of the Florida Workers’ Compensation Law.
   Name and Address of Employer: [ ]
6. Education: List the schools you have attended.

<table>
<thead>
<tr>
<th>Name of School and Address</th>
<th>Date of Attendance</th>
<th>Graduation Date</th>
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<td>3.</td>
<td>From:</td>
<td>To:</td>
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</table>

If now in college, what are you classified as?

- [ ] Freshman
- [ ] Sophomore
- [ ] Junior
- [ ] Senior

Grade Point Average: List the scores and current cumulative GPA at the school you are attending.

**A COPY OF YOUR SCHOOL TRANSCRIPT MUST BE ATTACHED TO THIS APPLICATION.**

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<tr>
<th>S.A.T.</th>
<th>A.C.T.</th>
<th>GPA</th>
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If your school does not use a 4.0 scale, what scale is used?

7. Extracurricular Activities: List all activities you are involved in (e.g. school, religious, civic related).

8. Personal History: Summarize any personal history you feel should be considered by the Scholarship Selection Committee in evaluating your application.
9. Work History: List jobs you have held including volunteer work, beginning with the current or most recent. **IF YOU FILED A TAX RETURN FOR THE PRIOR YEAR, YOU MUST ATTACH A COPY.**

<table>
<thead>
<tr>
<th>Employer Name &amp; Address</th>
<th>Position</th>
<th>Date From</th>
<th>Date To</th>
<th>Hours Per Week</th>
<th>Salary</th>
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10a. What colleges have you applied to?

10b. What colleges have accepted you?

11. What college will you be attending (include city and state)?

12a. What is your planned major or area of study?

12b. What is your major/minor if now in college?
13. Do you plan to be employed while attending college?  
   Yes ☐  No ☐
   If so, check one:  Full-time employment ☐ or part-time employment ☐
   Are you currently employed?  Yes ☐  No ☐

14. What will your living arrangements be while in college?  Check one:
   Home ☐  Dorm ☐  Off Campus ☐
   Other ☐ (please explain)

15. What scholarships or other sources have you applied to?  Which do you anticipate receiving?

<table>
<thead>
<tr>
<th>Name &amp; Address of Source</th>
<th>Type of Award</th>
<th>Award Amount</th>
<th>Date Awarded</th>
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16. Bank Accounts: List all bank accounts you presently hold. If jointly owned, allocate and indicate your share and ownership interest of others (including checking, savings, certificates of deposit, money market and brokerage accounts).

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17. Assets: If jointly owned, allocate and indicate your share and ownership interest of others which are worth in excess of $500 including stocks, bonds, autos, jewelry, etc.

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<th>Asset</th>
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<th>Number of Shares</th>
<th>Current Value</th>
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18. Loans: Do you have any bank and/or government loans for which you are personally responsible for payment? Yes ☐ No ☐ If yes, complete following:

<table>
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<tr>
<th>Name &amp; Address of Lending Institution</th>
<th>Account Number</th>
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<th>Date Indebtedness Occurred</th>
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21. Where did you hear about our scholarship?

22. Race/Ethnicity (Optional Question): This question is asked because occasionally foundations ask the Scholarship Fund for the total number of recipients awarded scholarships in these categories.

- African American or Black
- Asian
- Caucasian
- Latino
- Other: [Insert]

**STUDENT’S AFFIRMATION OF TRUTHFULNESS**

I herewith affirm that the information contained herein and the documents which I have submitted herewith are true and correct. I am aware of the fact that in case the Scholarship Selection Committee finds this to be the contrary, that I forfeit all financial assistance.

[ ] Date
[ ] Applicant Name
[ ] Applicant Signature
II. PARENT(S) AND/OR GUARDIAN INFORMATION

INSTRUCTIONS

This section must be completed by the parent or guardian of the student. If the applicant’s parents are separated or divorced, both parents must complete, sign, and submit an individual Part II of this application. If parents are living together, Part II only needs to be filled out by one parent, but must be signed by both parents. If more room is needed to complete any answer, attach a page to the back of this application referencing the appropriate question number.

A COPY OF YOUR TAX RETURN FOR THE PRIOR YEAR MUST BE ATTACHED TO THIS APPLICATION.

1. Name: ___________________________  ___________________________  ___________________________
   Last  First  Middle Initial

2. Address: ___________________________  Apt. ___________________________
   ___________________________  ___________________________  ___________________________
   City  State  Zip Code

3. Phone: ___________________________  Cell Phone: ___________________________

   E-mail: ___________________________

4. Relationship to Applicant: ___________________________

5. List the name, age, relationship and school currently attending for each person currently living in your household including the applicant.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>School</th>
<th>Grade</th>
<th>Tuition Amount</th>
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6. Do you have dependents who are not residing in your household? Yes □ No □ If yes, list name, age, relationship, and school currently attending for each person including the applicant.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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7. Residence Information:
   a. Do you own a home or condominium? Yes □ No □
   b. Do you rent an apartment, home or condominium? Yes □ No □
   c. List the following monthly expenses, if applicable:
      1. Mortgage Payment □ or Rent □ $ 
      2. Property Maintenance $ 
      3. Telephone $ 
      4. Utilities $ 
      5. Taxes and Insurance, not included in mortgage $ 
      6. Other $ 

8. Real Estate: List all real estate owned including homestead.

<table>
<thead>
<tr>
<th>Address</th>
<th>Type of Property</th>
<th>Date Acquired</th>
<th>Cost</th>
<th>Market Value</th>
<th>Mortgage Amount</th>
<th>Monthly Payment</th>
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<th>Name &amp; Address of Lending Institution</th>
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12. Liabilities: List liabilities in excess of $500 including credit cards, medical bills or other major debts for which you are responsible. If joint, allocate equally and indicate your shares only.

<table>
<thead>
<tr>
<th>To Whom Owed</th>
<th>Nature of Debt</th>
<th>Monthly Payment</th>
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14. Work History (Mother’s Information): Mother’s Social Security Number: _________________________

Are you employed?     Yes ☐   No ☐

Employer’s name: __________________________

Employer’s address: ________________________

Job title/description: ______________________

Length of employment: ______________________    Salary: ______________________

Is this a family owned business?   Yes ☐   No ☐

15. Work History (Father’s Information): Father’s Social Security Number: _________________________

Are you employed?     Yes ☐   No ☐

Employer’s name: __________________________

Employer’s address: ________________________

Job title/description: ______________________

Length of employment: ______________________    Salary: ______________________

Is this a family owned business?   Yes ☐   No ☐
16. Marital Information:

a. Are you married?  Yes ☐  No ☐  If yes, spouse’s name and address:

Name: ____________________________  ____________________________  ____________________________
Last  First  Middle Initial
Address: ____________________________  ____________________________  ____________________________
City  State  Zip Code

b. Have you been previously married?  Yes ☐  No ☐

If yes, provide full name, address and phone number of former spouse:

Name: ____________________________  ____________________________  ____________________________
Last  First  Middle Initial
Address: ____________________________  ____________________________  ____________________________
City  State  Zip Code
Phone: ____________________________

If yes, please explain:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

c. Are you obligated to pay alimony, child support or separate maintenance?  Yes ☐  No ☐
If yes, please explain:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

d. Have you or your spouse ever been known by another name?  Yes ☐  No ☐
If yes, please state name and explain:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

e. Do you or the applicant receive alimony, child support, separate maintenance and/or state or federal assistance?  Yes ☐  No ☐
If yes, please explain:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

YOU MUST ATTACH COPIES OF (1) DIVORCE DECREE, (2) COURT ORDER OF SUPPORT, AND (3) PROPERTY SETTLEMENT AGREEMENT.
17. Total Family Income: List the total income of all dependents and family members living in your household.

- Your average monthly gross from employment $ 
- Your average monthly gross from Workers’ Compensation $ 
- Your average monthly gross from Social Security $ 
- Your average monthly gross from Unemployment $ 
- Spouse’s monthly salary $ 
- Applicant’s monthly salary $ 
- Other household member’s combined income $ 
- Other income (rental property, business, etc.) $ 

If other, describe: 

Combined Monthly Total Income $ 

If there has been an appreciable recent change in your combined family income or expenses, please explain in detail.

18. What college funds do you have available for your dependent (the applicant) such as Bright Futures, Prepaid College Tuition, trust account, (tax code #) bonds, etc.? List all and the amounts available.

19. Please state why your dependent (the applicant) is eligible to receive this scholarship pursuant to the Statement of Purpose on page one.
20. If the applicant is a dependent of an injured worker please provide the following:

   a. OJCC Claim Number (Case Number)

   b. Details of Workers’ Compensation claim (e.g., where accident occurred, what was the injury, did you lose any time from work?)

   c. Is your claim open? Yes ☐ No ☐

d. Are you receiving medical benefits? Yes ☐ No ☐

e. Are you receiving monetary benefits? Yes ☐ No ☐

   If yes, how much? $ _______________

f. Is your claim closed? Yes ☐ No ☐

   If yes, amount of settlement and date of closure: $ _______________ Date ______

--- OR ---

PARENT AND/OR GUARDIAN AFFIRMATION OF TRUTHFULNESS

I herewith affirm that the information contained herein and the documents which I have submitted herewith are true and correct. I am aware of the fact that in case the Scholarship Selection Committee finds this to be the contrary, that I forfeit all financial assistance.

Date _______________ Father’s Name ____________________ Father’s Signature ____________________

Date _______________ Mother’s Name ____________________ Mother’s Signature ____________________

--- OR ---

Date _______________ Guardian’s Name ____________________ Guardian’s Signature ____________________