



FRIENDS OF 440 SCHOLARSHIP FUND, INC.

STATEMENT OF PURPOSE & APPLICATION

Deadline: February 28, 2011

STATEMENT OF PURPOSE

The purpose of Friends of 440 Scholarship Fund is to aid dependents or descendants 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 or descendants 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 prior to 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

Mail completed application to: Friends of 440 Scholarship Fund, Inc.
One Datan Center
9100 South Dadeland Blvd., Suite 1010
Miami, FL 33156-7800

Please do not submit applications via e-mail or fax.

For additional information and updates:

Website: www.440scholarship.org

Phone: 305 423-8710

Fax: 305 670-0716

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 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 most recent tax return of parent(s) and/or guardian
- Copy of applicant's most recent school transcript
- Copy of applicant's most recent tax return
- 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.**

6. Education: List the schools you have attended.

1.	Name of School and Address	Date of Attendance		Graduation Date
		From:	To:	
2.		From:	To:	
3.		From:	To:	

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.

S.A.T. Verbal _____ Math _____ A.C.T. _____ GPA _____

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.**

1.	Employer Name & Address	Position	From	To	Hours Per Week	Salary
2.						

10. What colleges have you applied to? _____

What colleges have accepted you? _____

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

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

Name & Address of Source	Type of Award	Award Amount	Date Awarded
1.			
2.			
3.			
4.			

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).

Name of Bank or Asset	Branch	Account Number	Balance
1.			
2.			
3.			

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.

Asset	Type of Asset	Number of Shares	Current Value
1.			
2.			
3.			

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:

Name & Address of Lending Institution	Account Number	Type of Loan	Loan Amount	Loan Balance	Maturity Date	Monthly Payment
1.						
2.						
3.						

19. Liabilities: List liabilities in excess of \$500, including credit cards, medical bills or other major liabilities for which you are responsible.

To Whom Owed	Nature of Debt	Monthly Payment	Balance
1.			
2.			
3.			
4.			

20. Accounts Receivable: List any accounts receivable due to you.

Name & Address Receivable is Due From	Date Indebtedness Occurred	Monthly Payment	Maturity Date	Balance Due	Collateral, If Any
1.					
2.					
3.					

21. Where did you hear about our scholarship? _____

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.

Name	Age	Relationship	School	Grade	Tuition Amount
1.					
2.					
3.					
4.					
5.					
6.					

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.

Name	Age	Relationship	School	Grade	Tuition Amount
1.					
2.					
3.					
4.					

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.

Address	Type of Property	Date Acquired	Cost	Market Value	Mortgage Amount	Monthly Payment
1.						
2.						
3.						
4.						

9. 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.

Asset	Type of Asset	Number of Shares	Current Value
1.			
2.			
3.			
4.			

10. Bank Accounts: If jointly owned, allocate and indicate your share and ownership interest of others (including checking, savings, certificates, certificates of deposit, money market and brokerage accounts).

Name of Bank or Asset	Branch	Account Number	Balance
1.			
2.			
3.			
4.			

11. Loans: Do you have any bank and/or government loans for which you are personally responsible for payment? Yes ____ No ____ If yes, complete the following:

Name & Address of Lending Institution	Account Number	Type of Loan	Loan Amount	Loan Balance	Maturity Date	Monthly Payment
1.						
2.						
3.						
4.						

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.

To Whom Owed	Nature of Debt	Monthly Payment	Balance
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

13. Account's Receivable: List any accounts receivable due to you.

Name & Address Receivable is Due From	Date Indebtedness Occurred	Monthly Payment	Maturity Date	Balance Due	Collateral, If Any
1.					
2.					
3.					

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: _____ Apt. _____

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: _____ Apt. _____

City State Zip Code

Phone: _____

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 _____

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