



FRIENDS OF 440 SCHOLARSHIP FUND, INC.

STATEMENT OF PURPOSE & APPLICATION

Deadline: February 28, 2026

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.
Two Datan Center
9130 South Dadeland Blvd., Suite 1209
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 2025 tax return of parent(s) and/or guardian
- Copy of applicant's 2025 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.

Name of School and Address	Date of Attendance		Graduation Date
1. <input type="text"/>	From: <input type="text"/>	To: <input type="text"/>	<input type="text"/>
2. <input type="text"/>	From: <input type="text"/>	To: <input type="text"/>	<input type="text"/>
3. <input type="text"/>	From: <input type="text"/>	To: <input type="text"/>	<input type="text"/>

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.

Employer Name & Address	Position	Date From	Date To	Hours Per Week	Salary
1. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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)

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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. <div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>
4. <div></div>	<div></div>	<div></div>	<div></div>

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. <div></div>	<div></div>	<div></div>	<div></div>

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. <div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>
4. <div></div>	<div></div>	<div></div>	<div></div>

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. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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:

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. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 <input type="checkbox"/> or Rent <input type="checkbox"/>	\$ <input type="text"/>
2. Property Maintenance	\$ <input type="text"/>
3. Telephone	\$ <input type="text"/>
4. Utilities	\$ <input type="text"/>
5. Taxes and Insurance, not included in mortgage	\$ <input type="text"/>
6. Other <input type="text"/>	\$ <input type="text"/>

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

Address	Type of Property	Date Acquired	Cost	Market Value	Mortgage Amount	Monthly Payment
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
4. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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. <div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>
4. <div></div>	<div></div>	<div></div>	<div></div>
5. <div></div>	<div></div>	<div></div>	<div></div>
6. <div></div>	<div></div>	<div></div>	<div></div>

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. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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