

# NINA HAVEN SCHOLARSHIPS, INC.

PO Box 1978

Stuart, FL 34995

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www.NinaHaven.org

## APPLICATION FOR SCHOLARSHIP

(Please Print)

Name of Applicant \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of High School \_\_\_\_\_ Graduation Date \_\_\_\_\_ Class Rank \_\_\_\_\_

SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_

### College Information

Names of the colleges/universities you would like to attend in order of preference:

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Have you attended college (including dual enrollment)? If so, give name of college, dates and credits earned.

Other scholarships you have applied for or received (attach additional page, if needed):

\_\_\_\_\_ Applied: \_\_\_\_\_ Received: \_\_\_\_\_

\_\_\_\_\_ Applied: \_\_\_\_\_ Received: \_\_\_\_\_

Are you eligible for Bright Futures? At which level: \_\_\_\_\_

Do you have a Florida Prepaid college plan? At which level: \_\_\_\_\_

Take Stock in Children – Are you a recipient? \_\_\_\_\_

Estimated total annual (college year) expenses at college

Tuition and Fees: \$ \_\_\_\_\_ Room and Board: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

From what financial resources do you expect to meet the above expenses?

From parents? \$ \_\_\_\_\_

From own savings? \$ \_\_\_\_\_

From other sources? \$ \_\_\_\_\_

### Work Experience

Employer/Position \_\_\_\_\_

Date From \_\_\_\_\_ To \_\_\_\_\_ Hours per week \_\_\_\_\_ Weekly earnings \_\_\_\_\_

Employer/Position \_\_\_\_\_

Date From \_\_\_\_\_ To \_\_\_\_\_ Hours per week \_\_\_\_\_ Weekly earnings \_\_\_\_\_

## STATEMENT OF APPLICANT

Please attach a statement regarding you as a person, prospective college student and future member of our community. Your statement should be in essay format and cover the following points:

- Reason for attending college and objectives;
- Choice of college, areas of study and career plans;
- High school scholastic and extracurricular activities and achievements;
- Financial plan for meeting college expenses, including support from parent and other relatives;
- Special family circumstances that should be considered.

## SCHOLASTIC TRANSCRIPT

Please attach a transcript of high school scholastic record and, if currently attending college, a scholastic record in college.

Please attach a photo of yourself.

### STATEMENT BY PARENTS

Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_  
Marital Status of Father \_\_\_\_\_ Of Mother \_\_\_\_\_  
Occupation of Father \_\_\_\_\_ Of Mother \_\_\_\_\_

Name of Employer or Firm:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Nature of business and position held:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Email address:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Total taxable income reported on your last tax return.

If filed jointly, your combined income: \$ \_\_\_\_\_

If filed separately: Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_

Is home owned? \_\_\_\_\_ Value: \$ \_\_\_\_\_ Unpaid mortgage: \$ \_\_\_\_\_

Bank Accounts (Savings and Checking):

Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_

Other investments, holding or assets: Value \$ \_\_\_\_\_

List of children (other than applicant) dependent on you for support, giving name, age, and school attending.

Please make a general statement about your child's plans for college and your intentions for meeting the college expenses.

By signing below you are agreeing that Nina Haven Scholarships, Inc. may share all information of this application with other scholarship organizations.

Signature of Father \_\_\_\_\_ Signature of Mother \_\_\_\_\_

By submitting this Application to Nina Haven Scholarships, Inc. (NHS), and provided that the Applicant is awarded a scholarship from NHS, the Applicant hereby authorizes the release and use of the Applicant's name and photographs of the Applicant in press releases, information, brochures, publication and advertising by NHS both now and in the future. This authorization includes all media, including but not limited to print, television, video, radio, and the internet. The Applicant shall not be entitled to any compensation for the use by NHS of the Applicant's name or photographs of the Applicant.

**PLEASE NOTE: TO BE CONSIDERED FOR AN AWARD, FINANCIAL INFORMATION MUST BE FILLED OUT ACCURATELY AND COMPLETELY.**