

**Application Due Date:**  
**April 10<sup>th</sup>, 2018**



Second Chance Foundation of Florida

**Second Chance of Florida Foundation**

**Scholarship Application**

**QUALIFICATIONS FOR SUBMISSION:**

- I. Graduating senior matriculating from an Orange County High School or equivalent
- II. Possess a grade point average of weighted 3.0 or better at time of application
- III. Accepted into college, community college or university

Please print or type the following information (information is kept confidential):

1. Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Parents' Names: \_\_\_\_\_
4. Home Address: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. Parent or Guardian's Email Address: \_\_\_\_\_
9. Name(s) of High School(s) attended and from which diploma has been or will be earned: \_\_\_\_\_
10. Actual or anticipated date of Graduation: \_\_\_\_\_
11. Guidance Counselor's Name: \_\_\_\_\_
12. College(s) to which you have applied, which you now attend, and which you've been accepted: \_\_\_\_\_
13. Proposed field of study: \_\_\_\_\_
14. Honors/Awards: \_\_\_\_\_
15. Current financial aid received: \_\_\_\_\_
16. Any scholarships earned: \_\_\_\_\_
17. Please submit the following with this application:

- A. SAT or ACT scores, if available
- B. Letters of recommendation from teacher or counselor
- C. Two Letters stating financial need and plans for financing your college education (these letters will come from; teachers, neighbors, or family friends)
- D. A copy of the applicant's FAFSA (Free Application for Federal Student Aid)
- E. An essay about what you think about when you hear the words, Second Chance (be creative). Specifically we would like to hear how you need a second chance or were given a second chance.
- F. High School Transcript

**Feel free to attach additional pages wherever needed.**

I swear or affirm that the foregoing information and all information and documentation provided in support thereof are, to the best of my knowledge, true and correct. I give the scholarship review committee permission to contact the people and entities names above or included in my application package for purposes of verifying the information I have provided and to determine my eligibility and fitness for the award of a scholarship.

High School Activities:

Community Activities:

Honors:

Details of Current Scholarship, if any:

Brief Employment History:

I. Name: \_\_\_\_\_

II. Type: One Time \$1000 Scholarship Award

III. Administration: The funds will be administered by the Board of Directors

IV. Terms and Conditions:

1. The funds will be used to provide a scholarship for the eligible high school student from the surrounding metro area to attend a post secondary institution
2. Criteria for the selection of the student shall include financial need, academic merit, and the acceptance into a post secondary institution.
3. The funds will be given to the student's school of choice.

4. The Scholarship is a one time commitment and is not renewable. The Agreement can be modified and amended at any time by the board.
  
5. The student gives permission for Second Chance of Florida Foundation to recognize the student in all appropriate publications, and its partners and public information.

Please mail in or drop off the completed application to:

*The Umansky Law Firm  
1945 E Michigan Street  
Orlando, FL 32806*

APPROVED BY:

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
William D. Umansky  
President, Second Chance Of  
Florida Foundation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature