



Second Chance of Florida Foundation, Inc. Scholarship Application

Everyone deserves a second chance. Share with us how you received a second chance for an opportunity to receive a one-time \$1,000 scholarship.

Qualifications For Submission:

- I. Open to any high school senior, college, or graduate student or equivalent
- II. Current grade point average of 3.0 or above
- III. Accepted or enrolled in a post-secondary or graduate education
- IV. Submit the required Scholarship Application and supplemental documentation as described on the following pages.

Please print or type the following information:

Personal Information	
Name:	
Preferred Pronouns: (he, him, she, her, they, their)	
Age:	
Home Address:	
City, State, Zip Code:	
Telephone Number:	
E-mail Address:	

Parent Information (Complete this Section if under 18)	
Parent or Guardian's Name:	
Parent or Guardian's E-mail Address:	



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High School Information	
Guidance Counselor's Name:	
Name of the High School you will or have earned a diploma from:	
Actual or anticipated date of High School Graduation:	
High School Activities:	

Post-Secondary or Graduate School Information	
College(s) to which you have applied:	
College which you've been accepted:	
College which you now attend (If applicable):	
Proposed field of study:	

Involvement	
List Honors and Awards:	
List Community Involvement:	



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Employment Information	
Provide Employment History:	

Financial Information	
Provide Details of Current Financial Aid/Scholarships Received or Awarded:	

Please submit the following documentation with this application:

- I. 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.
- II. SAT or ACT scores (if available)
- III. Letters of Recommendation School Officials
- IV. Current School Transcript

Feel free to attach additional pages as needed.

- I. Type: One-time \$1,000 Scholarship Award
- II. Administration: The funds will be administered by the Board of Directors
- III. Terms and Conditions:
 - A. The Funds will be used to provide a scholarship for the eligible students to attend a post-secondary or graduate institution.
 - B. Criteria for the selection of the student may include but not limited to: financial need, academic merit, and the acceptance into a post-secondary institution.
 - C. The Scholarship is a one time commitment and is not renewable. The Agreement can be modified and amended at any time by the board.



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- D. The student gives permission for Second Chance of Florida Foundation to recognize the student in all appropriate publications, and its partners and public information.

I SWEAR OR AFFIRM THAT ALL STATEMENTS INCLUDED IN THIS SCHOLARSHIP PACKET ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE USE OF MY PHOTO AND THE VERIFICATION OF ALL MATTERS THAT THE SECOND CHANCE FOUNDATION OF FLORIDA DEEMS RELEVANT TO MY APPLICATION, INCLUDING ALL STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS OR SUPPORTING DOCUMENTS TO DETERMINE MY ELIGIBILITY AND FITNESS FOR THE AWARD OF A SCHOLARSHIP. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION FROM THE PEOPLE AND ENTITIES INCLUDED IN MY APPLICATION AND RELEASE SCCF FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING SUCH A VERIFICATION.

Parent or Legal Guardian Name
(if under 18)

Signature

Date

Applicant's Name

Signature

Date



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PHOTOGRAPHY & VIDEO RELEASE

CHECK APPROPRIATE BOX: For an adult
 For a minor under age of 18

In consideration of the opportunity to provide certain statements and participate in photography or audio/video taping in consideration of the Second Chance of Florida Foundation, I, _____, for myself and, in the case of a minor (the "Minor"), for myself and the Minor in my capacity as the Minor's parent/guardian, agree as follows:

I hereby consent to the recording of statements, photographs, and/or audio or video recordings taken of the Minor or me by the Second Chance of Florida Foundation or its contractors.

All statements, photographs, and/or audio or video recordings taken of the Minor or me by Second Chance of Florida Foundation or its contractors may be used by the Second Chance of Florida Foundation for promotional, commercial or other purposes as determined by the Second Chance of Florida Foundation anywhere in the world in its sole discretion. Neither the minor nor I will have any right to control the use or publication by the Second Chance of Florida Foundation of the statements, photographs, and/or audio or video recordings that I hereby consent to them using.

All statements, photographs, and/or audio or video recordings taken of the Minor or me by Second Chance of Florida Foundation or its contractors, shall be the sole property of the Second Chance of Florida Foundation. Neither the Minor nor I shall receive any compensation in connection with use of these statements, photographs and/or audio or video recordings for promotional, commercial or other purposes.

On behalf of the Minor and myself, I hereby release, waive and discharge any claims of any kind or nature arising out of or relating to the use of the statements, photographs and /or audio or video recordings against the Second Chance of Florida Foundation or any person or firm authorized by Second Chance of Florida Foundation to publish said materials ("Publisher"). Such release, waiver and discharge shall also extend to all affiliated companies, shareholders, directors, officers, employees, agents and assigns of the Second Chance of Florida Foundation and any Publisher.

This Release shall be binding upon the Minor and me, and our respective successors, heirs, assigns, and executors, administrators, spouse or next of kin.



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I HAVE READ THIS DOCUMENT AND I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS ON BEHALF OF THE MINOR AND MYSELF (INCLUDING RIGHTS RELATING TO PUBLICITY AND PRIVACY WITH RESPECT TO THE COMMERCIAL USE OF ANY STATEMENTS, PHOTOGRAPHS, AND/OR AUDIO OR VIDEO RECORDINGS) FOR USE AS SEEN FIT BY THE SECOND CHANCE OF FLORIDA FOUNDATION.

Print Name (Applicant)

Signature (Applicant)

Date

Print Name (Parent/Guardian)

Signature (Parent/Guardian)

Applicant's Age (If Minor)

Applicant's Name:



**Second Chance of Florida Foundation, Inc.
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Mail, deliver in person, or e-mail your scholarship packets to:

The Umansky Law Firm
1945 East Michigan St.
Orlando, FL 32806
info@secondchanceofflorida.com

If you have questions, please call: 407-853-8551