



*In the name of Allah, the beneficent, the merciful*  
**AMERICAN MUSLIM ALLIANCE  
OF FLORIDA INC.**

11694 Sunrise View Lane, Wellington, Florida 33449  
TEL: 561-966-6256 or 561-619-5388, Cell: 561-523-0922  
[mchowdhury@americanmuslimalliance.org](mailto:mchowdhury@americanmuslimalliance.org)

Dear Applicant:

The American Muslim Alliance of Florida Inc. will be awarding a total of \$15,000 in scholarships to twenty-five students in support of Florida High School Senior students in pursuit of a college education. The top 5 students will each receive a scholarship in the amount of \$1000. In addition, 20 students will each receive a scholarship in the amount of \$500.

Applicants must meet the following criteria to qualify:

1. The applicant must be graduating from a public, private, or home school within the state of Florida and entering college as a full-time student.
2. Applicants must have a cumulative **GPA** of at least 3.0, and attach official copies of school transcripts.
3. Applicants must provide two letters of recommendation from teachers of core subjects. Please limit letters of recommendation to one page for each recommendation.
4. Applicants guidance counselor must complete page 2.
5. Applicant must compose and type a **one-page, single-spaced essay** stating why you should be awarded a scholarship, and why you plan to further your studies at a college or university.
6. Applicants complete and submit page 4.

Scholarship Program is open **for students of all faith and race**. The winners will not be announced before the Scholarship Award Ceremony

**APPLICATION DEADLINE:** All completed applications must be received on or before **May 4th, 2020** in the office of AMAF. Applications received or postmarked after this date will not be considered. Send the completed applications to: AMAF, INC., 11694 Sunrise View Lane, Wellington, FL 33449 ATTN: Scholarship Committee.

Thank you for applying with American Muslim Alliance of Florida INC Scholarship.  
For Further information, please call

<p><u>President</u> <b>Mohammed Osman Chowdhury</b> Tel: 561-523-0922</p>	<p><u>Director</u> <b>Shakir Ahmed</b> Tel: 561-351-6163</p> <p><b>Shamim Razin</b> Tel: 772-530-2674</p>	<p><u>Director</u> <b>Tahsin Nabid</b> Tel: 561-714-1596</p> <p><b>Mohiuddin Chowdhury</b> Tel: 941-894-4365</p>	<p><u>Director</u> <b>Imran Aziz</b> Tel: 561-767-6048</p> <p><b>Ruby Awlad</b> Tel: 954-628-2992</p>
---	---	--	---

Note: AMAF, Inc. reserves the right to modify or cancel any aspect of this scholarship program and/or any related information contained in this scholarship program, in each case, without prior notice. AMAF, Inc. shall not be responsible, and specifically disclaims any responsibility, for the consequences of any such modification or cancelation and reserves the right to accept or reject (for any or no reason) any application. AMAF, Inc. has no obligation to grant a scholarship to any applicant, to renew any scholarship once it has been granted or to offer employment or an internship to any applicant.

# AMERICAN MUSLIM AWANCE OF FLORIDA INC.



11694 Sunrise View Lane, Wellington, Florida 33449  
TEL: 561-966-6256 or 561-619-5388, Cell :561-523-0922  
[www.amcfd.org](http://www.amcfd.org)

## STUDENT SCHOLARSHIP APPLICATION

Complete each item. Please print in black ink only.

### THIS SECTION TO BE FILLED OUT BY STUDENT APPLICANTS ONLY

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

HOME ADDRESS \_\_\_\_\_  
STREET CITY/STATE ZIP

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
HOME WORK CELL

SS#, optional \_\_\_\_\_ (Last four digit) DATE OF BIRTH \_\_\_\_\_

HIGH SCHOOL PRESENTLY ATTENDING \_\_\_\_\_

Extra Curricular Activities, Honors, Awards, Positions of Leadership: ( use additional sheets if necessary)

College/University you plan to attend \_\_\_\_\_

Intended Areas of Study \_\_\_\_\_

#### STATEMENT OF APPLICANT

The applicant certifies that: I have read and understood the conditions of the AMAF Office Student Scholarship Application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

NUMBER OF FAMILY MEMBERS \_\_\_\_\_

INDICATE FIGURE NEAREST TO ANNUAL GROSS INCOME FOR 2019; INCLUDE ALL SOURCES OF INCOME.

- \_\_\_\_\_ \$30,000 TO \$ 40,000 \_\_\_\_\_ \$60,001 TO 85,000
- \_\_\_\_\_ \$40,001 TO \$50,000 \_\_\_\_\_ \$85,000 TO 110,000
- \_\_\_\_\_ \$50,001 TO \$60,000 \_\_\_\_\_ \$110,001 AND ABOVE

MAILING ADDRESS: THE SCHOLARSHIP SELECTION COMMITTEE, AMAF Office: 11694 SUNRISE VIEW LANE, WELLINGTON, FLORIDA, 33449 (NOTE: LAST DAY OF MAILING - May 4th, 2020)

Visit: [www.americanmuslimalliance.org](http://www.americanmuslimalliance.org)



Allt1&1eAtt IDUShlifA1,'twiet"ITT1,01&10A ltte.

11694 Sunrise View Lane, Wellington, Florida 33449 TEL:561-966-6256 Cell: 561-523-0922 mchowdhury@americanmuslimalliance.org

**COUNSELOR(S) STATEMENT**

I \_\_\_\_\_, certify that \_\_\_\_\_  
is a candidate for graduation of \_\_\_\_\_, and has a current GPA of \_\_\_\_\_  
SAT score of \_\_\_\_\_ and/ or ACT score of \_\_\_\_\_

Additional Comments:

Multiple horizontal lines for writing additional comments.

Counselor's Signature: - - - - -



*In the name of Allah, the beneficent, the merciful*  
**AMERICAN MUSLIM ALLIANCE OF FLORIDA INC.**

Time & Location for the Graduation Dinner & Scholarship Award Ceremony

7:00 PM, June 6<sup>th</sup>, (Saturday) -2020

## South County Civic Center

16700 JOG Road,

Delray Beach, Florida-33463

Telephone: (561)-495-9813

A) South County Civic Center

Attending this Dinner? (optional) Please Circle- Yes No

The number of guests who will be attending: 1 2 3 4 5

Signature \_\_\_\_\_

Please return this form with the application

***Together We Count in Florida!***

***April 1, 2020***

