

**EMBASSY OF HOPE FOUNDATION**

**VINCE CARTER'S  
2021 "BELIEVING IN YOUR DREAMS" SCHOLARSHIP APPLICATION**

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Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Number Street Apt. No.

Home Telephone (\_\_\_\_) \_\_\_\_\_

City State Zip Code Area Code/Number

Mailing Address (if different from above) \_\_\_\_\_

Street/PO Box City State Zip Code

Applicant's Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Sex \_\_\_M \_\_\_F Race \_\_\_African American \_\_\_Caucasian \_\_\_Hispanic  
\_\_\_Native American Other, please specify \_\_\_\_\_

U.S. Citizen \_\_\_Y \_\_\_N Country of Birth \_\_\_\_\_

I am interested in pursuing a career in \_\_\_\_\_

at college/university \_\_\_\_\_

List universities/colleges where you have been accepted \_\_\_\_\_

**YOUR EDUCATION**

Do you attend a public high school? \_\_\_Yes \_\_\_No Name of Counselor/Advisor \_\_\_\_\_

Name of High School \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

High School Address City State Zip Code

Class Rank \_\_\_ Class Size \_\_\_ GPA \_\_\_ Test Scores: SAT Verbal \_\_\_ SAT Math \_\_\_ ACT \_\_\_

Are you involved in an honors program? \_\_\_Yes \_\_\_No \_\_\_International Baccalaureate

\_\_\_Honors \_\_\_Advanced Placement Other, please specify \_\_\_\_\_

Complete the following based on a typical week of school:

Number of courses being taken on your high school campus \_\_\_\_\_

Number of courses being taken online \_\_\_\_\_

Number of courses being taken at a higher education institution \_\_\_\_\_

**YOUR ACTIVITIES** (Include where you volunteer here. One additional page may be added for activities list.)

<u>ACTIVITY</u>	<u>GRADE(S)</u>	<u>POSITION HELD/HONORS WON</u>
1.		
2.		
3.		

**VOLUNTEERISM**

- 1.
- 2.
- 3.

**YOU AND YOUR FAMILY**

Your parent's marital status \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single

Brother(s): Number \_\_\_ Age(s) \_\_\_\_\_ Sister(s): Number \_\_\_ Age(s) \_\_\_\_\_

Name of parent(s) or legal guardian with whom you live \_\_\_\_\_

If your legal guardian is someone other than your mother or father, please give relationship \_\_\_\_\_

**FATHER**

**MOTHER**

	<b>FATHER</b>	<b>MOTHER</b>
<b>Name (first, middle initial, last)</b>		
<b>Date of Birth</b>		
<b>Home Address</b>		
<b>Home Telephone Number</b>		
<b>Employer</b>		
<b>Occupation/Title</b>		
<b>Business Telephone Number</b>		
<b>Highest Grade Completed</b>		
<b>Name of College (if any)</b>		
<b>Highest Degree/Certificate</b>		
<b>Total Monthly Net Income</b>		

**PLEASE REVIEW THIS FORM TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY.** Embassy of Hope will only review candidates who submit this form, one essay, two recommendation letters, and an official high school transcript showing SAT and/or ACT scores. It is your responsibility to ensure that Embassy of Hope receives all requested materials.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE RETURN ALL APPLICATION MATERIALS TO:** Embassy of Hope Foundation  
Vince Carter Athletic Center  
1255 W. International Speedway Blvd.  
Daytona Beach, FL 32114

**APPLICATION DUE: MARCH 30, 2021**