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

<table>
<thead>
<tr>
<th>President</th>
<th>Director</th>
<th>Director</th>
<th>Director</th>
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<tbody>
<tr>
<td>Mohammed Osman Chowdhury</td>
<td>Shakir Ahmed</td>
<td>Tahsin Nabid</td>
<td>Imran Aziz</td>
</tr>
<tr>
<td>Tel: 561-523-0922</td>
<td>Tel: 561-351-6163</td>
<td>Tel: 561-714-1596</td>
<td>Tel: 561-767-6048</td>
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<tr>
<td></td>
<td>Shamin Razin</td>
<td>Mohiuddin Chowdhury</td>
<td>Ruby Avlad</td>
</tr>
<tr>
<td></td>
<td>Tel: 772-530-2674</td>
<td>Tel: 941-894-4365</td>
<td>Tel: 954-628-2992</td>
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</tbody>
</table>

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 cancellation 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 as an internships to any applicant.
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 AMOUNT OF FAMILY GROSS INCOME FOR 2019; INCLUDE ALL SOURCES OF INCOME.

$30,000 TO $40,000 ____________________________ $40,001 TO $50,000 ____________________________

$50,001 TO $60,000 ____________________________ $60,001 TO $85,000 ____________________________

$85,001 TO $110,000 ____________________________ $110,001 AND ABOVE ____________________________


Visit: www.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:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Counselor’s Signature: ____________________________________________

Visit www.americanmuslimalliance.org
Time & Location for the Graduation Dinner & Scholarship Award Ceremony

7:00 PM, June 6th, (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

Visit: www.americanmuslimalliance.org