



**Bethune-Cookman University
AND
Embassy of Hope Foundation**

COMMUNITY SCHOLARS SCHOLARSHIP APPLICATION

Name of Applicant _____

Date of Birth _____ Social Security Number _____

Home Address _____
Number Street Apt. No.

City State Zip Code Home Telephone () _____
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

Name of High School _____

High School Address City State Zip Code Telephone Number () _____

Name of Counselor/Advisor _____ Telephone Number () _____

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 (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. | | | |

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

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 DEADLINE: MARCH 21, 2018