

EMBASSY OF HOPE FOUNDATION

VINCE CARTER'S  
2018 "BELIEVING IN YOUR DREAMS" SCHOLARSHIP APPLICATION

=====

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

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 \_\_\_\_\_

High School Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
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** (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 DUE: MARCH 21, 2018**