

EMBASSY OF HOPE FOUNDATION

VINCE CARTER'S
2020 "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.)

<b><u>ACTIVITY</u></b>	<b><u>GRADE(S)</u></b>	<b><u>POSITION HELD/HONORS WON</u></b>
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 \_\_\_\_\_

	<b>FATHER</b>	<b>MOTHER</b>
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 27, 2020**