

Florida P.E.O. Scholarship

The Florida P.E.O. Scholarship was established in 1994 to provide financial assistance for tuition to qualified women during the freshman and/or sophomore year of college or university study.

ELIGIBILITY

- ★ Resident of Florida
- ★ Accepted for admission as a freshman or sophomore for full-time study at an accredited Florida college or university (private or public).
- ★ Pursuing a course of study leading to an associate's or bachelor's degree.
- ★ Sponsored by a Florida chapter of the P.E.O. Sisterhood.
- ★ Meets the requirements of scholarship, character, and financial need.
- ★ Has high scholastic standing as measured by GPA, class rank, and standardized test scores.
- ★ Students with Florida Pre-Paid College Funds are not eligible as their tuition is already paid. Students with Bright Futures are eligible.

GRANT AMOUNTS

- ★ Awards are generally given in the amount of \$2,000 for a four-year institution and \$1,500 for a two-year institution.
- ★ May be renewed for the sophomore year.

APPLICATIONS

- ★ Applicants must be sponsored by a Florida Chapter of the P.E.O. Sisterhood. Please contact your local representative:

Local chapter contact: Kathy Bernardo, Chapter DF
1000 El Dorado Pkwy W
Cape Coral, FL 33914
(239) 945-1827

1.0 FLORIDA P.E.O. SCHOLARSHIP -- GUIDELINES FOR APPLICANT

- 1.1 CONGRATULATIONS! You have made a first step toward your college education by applying for a FLORIDA P.E.O. SCHOLARSHIP. This scholarship is funded by Florida Chapters of the P.E.O. Sisterhood. Scholarships are awarded for financial assistance for only **TUITION AND FEES** that are required for enrollment or attendance. *Students with Florida Pre-Paid College Fund are not eligible as their tuition is already paid.*
- 1.2 The amount granted for each one year scholarship will be determined by the State Committee but will not exceed \$2,500.
- 1.3 Notification of award decisions will be made as soon as approval has been received from the P.E.O. Foundation. Letters will be mailed to all applicants and sponsoring chapters concerning the decisions. Three alternate recipients will be selected in the event an award is declined. Alternates will be notified of award only in the event scholarship(s) are declined.
- 1.4 The following are requirements for application:
 - 1.4.1 The applicant must be a woman and a resident of the State of Florida.
 - 1.4.2 Applicants must meet requirements of scholarship, character, personality, purpose and need. Applicants for the first year must have high scholastic standing as measured by their grade point average (minimum 3.0 on a 4.0 scale or equivalent), class rank and standardized test scores.
 - 1.4.3 The applicant must be accepted for admission to the first (freshman) or second (sophomore) year of **full-time** study. Full-time study is usually 15 semester hours but shall be verified as defined by the applicable college or university.
 - 1.4.4 The maximum number of total accumulated college hours by the end of the freshman year is 59. All prior college credits will be included for evaluation of eligibility.
 - 1.4.5 Study must be leading to an Associate or Bachelor degree at a public or private Florida college or university accredited by the Council on Post-secondary Accreditation or the Southern Association of Colleges and Schools.
 - 1.4.6 The applicant must be sponsored by a Florida P.E.O. chapter. Application forms can be obtained from a local chapter.
 - 1.4.7 To apply for the Scholarship, the applicant must return the documents listed in Section 1.5 to the local chapter. The chapter will determine if it will sponsor the applicant and then send the completed application materials to the State Chairman of the Florida P.E.O. Scholarship Committee ~~CONFIDENTIAL~~
~~CONFIDENTIAL~~

Note: Applicants must meet the local chapter's deadline so that the chapter will have adequate time to review the material and forward it by the February deadline; the local chapter will inform the applicant of its deadline.

> January 15, 2010 *

1.5 Documents required from the applicant:

- 1.5.1 Completed application (Form 1.7).
- 1.5.2 List of school, church and community activities (See page 2 of Form 1.7).
- 1.5.3 Paragraph detailing education and career plans (See page 2 of Form 1.7).
- 1.5.4 Completed Family Financial Statement (Form 1.8). For confidentiality, this form may be sent directly to the Florida State Chairman, if desired.
- 1.5.5 Current transcript from High School.
- 1.5.6 Letter of recommendation from THREE of the four choices below:
 - 1.5.6.a Guidance Counselor or High School Principal
 - 1.5.6.b Teacher
 - 1.5.6.c Clergyman
 - 1.5.6.d Business or professional person known to you
- 1.5.7 Copy of letter of acceptance from your chosen Florida college, university, junior college or vocational school. Note: Send your application even if you do not have the college or university letter of acceptance. Upon receipt of your acceptance, immediately send a copy of it to the State Chairman. Consideration for awards depends on this acceptance.
- 1.5.8 Current photo (optional).
- 1.5.9 Applicants who have already obtained college credit must also include a current college transcript with the application. Scholarship amounts for applicants with existing college credit shall include consideration of the credit hours remaining to complete the second year of study. Awards are not provided for course work beyond second year status.



APPLICATION

Sponsoring Chapter: _____

Location: _____

Please type or print:

Application for Academic Year: _____

Name: _____

Date of Birth: _____

Address: _____

Place of Birth: _____

City _____ State _____ Zip _____

Phone: (_____) _____

Social Security # _____

Email: _____

*Father's Name: _____

*Mother's Name: _____

Address: _____

Address: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

* If applicant is married, please complete above section with information for applicant's spouse. Parent information is applicable only when the applicant is a dependent of one or both parents.

List names and ages of any other dependents of father, mother, and applicant. If dependent is attending a post-secondary institution, give school name.

NAME	AGE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unweighted Cumulative GPA _____ High School Class Rank: _____ out of _____

SAT: Math _____ Date Taken: _____ ACT: _____ Date Taken: _____
Critical Reasoning _____ Score _____ Score _____

Name of Preferred College/University: _____

Address: _____

Have you been accepted to the above college/university? Yes _____ No _____

Do you plan to take 30 credit hours of study per year? Yes _____ No _____

How many credit hours will you have by January 31st? _____ Estimated Credits by May 31 _____

Do you plan to apply for state or federal financial aid? Yes _____ No _____

Date application fee to the college/university was paid: _____

Date financial aid is needed: _____

Degree you are seeking AA _____ Bachelor's _____

NOTE: The following information is required for compliance with the P.E.O. Foundation guidelines in order to maintain federal 501(c)(3) status. A RELATIONSHIP DOES NOT AFFECT QUALIFICATION FOR A SCHOLARSHIP AWARD.

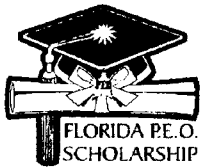
1. Are you a Florida resident? Yes _____ No _____
2. Are you a member of the P.E.O. Sisterhood? Yes _____ No _____
3. Is there a relationship between the applicant and:
 - a. A member of the P.E.O. Sisterhood? Yes _____ No _____
 - b. A trustee of the P.E.O. Foundation or an officer of the P.E.O. Sisterhood, including a member of the family of either? Yes _____ No _____
 - c. A grantor or substantial contributor to the organization or a member of the family of either? Yes _____ No _____
 - d. A corporation controlled by a grantor or substantial contributor to P.E.O.? Yes _____ No _____

If answer is yes, describe relationship: _____

Please prepare and attach the following to your application:

1. A list of school, church, and community activities, including any offices held and honors received.
2. A paragraph describing in detail your ultimate educational and career plans.

Signature of Applicant: _____ Date: _____



FAMILY FINANCIAL STATEMENT

Sponsoring Chapter: _____

Location: _____

Application for Academic Year: _____

This form must be either sent to the sponsoring chapter along with the student's application and required materials OR mailed separately and directly to the state scholarship chairman. **Send original plus three copies.**

Section 1: Student's Information

Student's Name: _____
 Last First Middle

Home Address: _____
 Street _____
 City State Zip

Phone: _____ Email: _____

Section 2: Student's Financial Information

Current Year Expected Income (include all money earned even if you did not file a tax return) \$ _____

Social Security Benefits \$ _____

Cash, Savings, Checking Accounts \$ _____

Net worth of investments (include trust funds, money market funds, certificates of deposit, stocks, bonds, and other investments) \$ _____

Section 3: Parents' Financial Information*

Adjusted Gross Income from Federal Tax Return Tax Year _____ \$ _____

U.S. Taxes Paid (paid, not withheld) Tax Year _____ \$ _____

Income earned from work by father/stepfather _____ \$ _____
 Occupation _____

Income earned from work by mother/stepmother _____ \$ _____
 Occupation _____

Earned Income Credit \$ _____

Child Support Received \$ _____

Untaxed Social Security Benefits \$ _____

Section 4: Parents' Asset and Liability Information*

Cash, Savings, and Checking Balance \$ _____
Net Worth of Investments (Do NOT include your home) \$ _____
Net Worth of Business or Farm \$ _____
Mortgage Payment (annual) \$ _____
Other Liabilities (annual) \$ _____

Parents' Marital Status:

Married _____ Single _____ Divorced/Separated _____ Widowed _____

Number in family, including student, during next school year _____

Number in family who will be enrolled in college at least half time (6 credit hours) during the next school year _____

*If applicant is married, please complete sections 3 and 4 with information for applicant's spouse. Parent information is applicable only when the applicant is a dependent of one or both parents.

Please list any scholarships you will receive or any other financial aid for which you are applying:

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____
(Only one signature needed)

This statement is to be used by the Florida P.E.O. Scholarship Committee in selecting the Florida Scholarship recipients. The form may be sent to the sponsoring chapter along with the other application material OR mailed directly to the state scholarship chairman.