Alonso Academic Booster Senior Scholarship

| RAVENS | Alonso High School | | Application Due: | Monday, April 15, 2024 at 4:00PM |
|------------------------------------------------------------------|--------------------|-------------------|------------------------|----------------------------------|
| A Hillsborough County Public School Senior Scholarship: \$250 | | Winner announced: | Senior Awards Ceremony | |
| | | | | |
| Student Name: | | | Student Number: | |
| Address: | | | | |
| Parent/Guardian | Name: | | Parent Cell #: | |
| Parent Email: | | | | • |

The Alonso Academic Booster (AAB) has TWO \$250 Scholarships available for 2023 – 2024 Seniors.

Qualifications:

- Applicant must be a Senior graduating in May 2024, planning to attend a university, college or trade school.
- > Alonso High School Student during the 2022-2023 and 2023-2024 school years.
- > Demonstrates school and community involvement.
- No major Code of Conduct violations
- > A Current paid Alonso Academic Booster Club member (Single or family membership)
- Not on Alonso's debt List

Application Packet & Submission:

- Must complete full application packet and submit in an envelope to Dr. Kimberly Humprey by Monday, April 15, 2024 at 4:00PM.
 - All 3 pages of this packet fully completed (contact info, essay directions, verifications)
 - Typed essay
 - Two recommendation letters

Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded, my name will be released to the public.

Student Name (Printed):

Student Signature:

Essay/Question Section:

These prompts can be answered in whatever order you like. Make sure to answer all prompts. We would like to learn about everything that makes you who you are. What makes you unique. (Response should be typed and included in the envelope with this packet.)

- Activities: Which high school activities (athletics, clubs, etc.) have you been involved in? Please include the number of years as well as levels and special contributions you made.
- School and Community Involvement: What community activities have you been involved in? (athletics, religious, volunteer, charity, work).
- Employment: Summarize any paid and unpaid jobs held while in high school including the date/years of employment.
- Future Plans: What are your educational plans after graduation? What do you hope the additional education will lead to as far as future employment opportunities and beyond?
- > Passion: What gets you excited to get out of bed in the morning?

Recommendation Section:

- > Two (2) letters of recommendation must be submitted with the application.
 - One from an Alonso High School staff member. Alonso teachers may email their recommendation to <u>Kimberly.humphrey@hcps.net</u>. Please put the applicant's name in the subject line.
 - 2) One can be from another source: religious leader, employer or previous teacher.
- Each letter (if not sent directly to Dr. Humphrey by email) needs to be in its own individual sealed envelope and then enclosed in the main envelope along with this application.

Recommendations are from:

| 1) Alonso High School Staff Member: | |
|-------------------------------------|--|
| 2) Other Recommendation: | |

Verification Section

| Counselor Verification | | | | | |
|---------------------------|---------------------------|--|--|--|--|
| Student's Weighted GPA: | Student's Unweighted GPA: | | | | |
| Counselor's Printed Name: | | | | | |
| Counselor's Signature: | Date: | | | | |

| Assistant Principal Verification | | | | | | |
|------------------------------------------------------|--------|-------------|----------|--|-------|--|
| High School Code of Conduct Violations (Circle one): | | | Yes / No | | | |
| Details: | | | | | | |
| Currently in Good Standing: | | l Standing: | Yes/No | | | |
| Details: | | | | | | |
| AP's Sign | ature: | | | | Date: | |

| Alonso Bookkeeper Verification | | | | |
|--------------------------------|----------|-------|--|--|
| On the Debt list: | Yes / No | | | |
| Bookkeeper's Signature: | | Date: | | |

Parent/Guardian Signature:

If awarded this scholarship, I understand that the money will be given to the student upon the AAB treasurer receiving receipts of school expenses.

| Parent/Guardian Signature: | Date: |
|----------------------------|-------|
|----------------------------|-------|

Student Signature:

If awarded this scholarship, I understand that the money will be given to the student upon the AAB treasurer receiving receipts of school expenses.

| Student Signature: | Da | ate: | |
|--------------------|----|------|--|
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