



The Broward Education Foundation &  
Community Foundation of Broward



2016-17

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for submitting your online application. In order to fully evaluate your application, you must print and sign this acknowledgement form and mail it to the Broward Education Foundation at 600 SE 3<sup>rd</sup> Avenue, 1st Floor, Fort Lauderdale, FL 33301 along with all pertinent documentation.

CHECKLIST OF APPLICATION DOCUMENTS REQUIRED

- Copies of ALL pages of your Student Aid Report (SAR) for the year applied. Must show Expected Family Contribution (EFC).
- Copy of your Award Letter (from your post-secondary institution.)
- Financial Aid and Education Release of Information letter.
- A new Award Letter by the deadline if the correct school is not listed on your original application.
- Statement by your teacher. (Broward County Public Schools Academy of Finance, Academy of Hospitality & Tourism, and Academy of Technology, CIO Council Scholarships only.)
- Physician's documentation of visual, functional or physical impairment. (Only if applicable)

**FAILURE TO TURN IN THIS FORM AND NECESSARY DOCUMENTATION WILL RESULT IN DISQUALIFICATION. THIS PACKET MUST BE POSTMARKED NO LATER THAN 4/16/2017.**

I certify that all of the statements I have made on my online application are true and correct. I understand that if I submit an incomplete application, do not answer all of the required questions on the application, or do not submit all required documents, my application will be deemed incomplete and will not be considered for the scholarships.

The BRACE Scholarship Committee will not contact colleges for missing Award letters, Student Aid Reports (SAR), etc. The decisions of the Committee and the Broward Education Foundation are final. There are no exceptions to the above.

If you change your choice of school after you submitted your application, you will need to send this form to your new choice. You will also need to submit the new Award Letter to the BRACE Committee by the deadline. Award letters received after the deadline will result in disqualification.

**Student Signature** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_



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2016-17

Student's Name: \_\_\_\_\_

Student High School ID: \_\_\_\_\_

**DO NOT MAIL THIS LETTER TO YOUR FINANCIAL AID OFFICE:** We will use this letter if we need to contact your school regarding your status.

FINANCIAL AID AND EDUCATION RECORDS RELEASE OF INFORMATION

Date: \_\_\_\_\_

TO: FINANCIAL AID DIRECTOR

COLLEGE: \_\_\_\_\_

ADDRESS OF COLLEGE/UNIVERSITY: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COLLEGE PHONE #: \_\_\_\_\_ COLLEGE FAX #: \_\_\_\_\_

RE: **Permission to Release Information to the Broward Education Foundation**

Dear Financial Aid Director:

I have applied for a scholarship from the Broward Education Foundation. All of my required documents have been submitted to the Scholarship committee and my file is complete. I hereby authorize you to discuss my eligibility to receive the scholarship by telephone, fax or mail with a representative of the Scholarship Committee or the Broward Education Foundation.

Signature of Student

Student Name (Print)

Signature of Parent

Parent Name (Print)

Student's Phone #

Student's Cell Phone#

Student's Social Security #

Date:

Student's E-Mail Address

Date:

Broward Education Foundation Scholarship Committee  
600 SE 3<sup>rd</sup> Avenue (1st Floor)  
Fort Lauderdale, FL 33301