



**2018**

**City of Pompano Beach  
Blanche Ely Scholarship Program**

**2018 CITY OF POMPANO BEACH  
BLANCHE ELY SCHOLARSHIP**

**Available Scholarships**

Four (4), two (2)-year (60 credit hour) scholarships

**Application Deadline**

The deadline to return applications to the Broward Education Foundation is **Monday, April 2, 2018.**

**Qualifications**

1. Applicant must be a 2018 graduating senior from a public high school.
2. Applicant must reside within the city limits of the City of Pompano Beach.
3. Applicant must have already submitted an application for federal student aid.
4. Applicant must be approved for free/reduced lunch.
5. Applicant must meet income limits (see below).

**Income Limits - 2017**

**Household Size Maximum Household Size Maximum**

<b>Household Size</b>	<b>Very-Low 50%</b>	<b>Low 80%</b>
1	26,700	42,700
2	30,500	48,800
3	34,300	54,900
4	38,100	60,950
5	41,150	68,850
6	44,200	70,750
7	47,250	75,600
8	50,300	80,500
9	53,340	85,344

**Instructions for Completing Scholarship Application**

1. Fill in each blank on the application form carefully and completely.
2. Type or clearly print the information using black ink.
3. If you need assistance in completing your application, please see your BRACE Advisor.

## Required Documentation

### Blanche Ely Scholarship Program APPLICATION CHECKLIST

Print Your Name \_\_\_\_\_ Date: \_\_\_\_\_

Please do not use white out on the application. Original application must be submitted; faxed copies are not acceptable.

Attach: **Signed tracking form(s) from Brace Advisor or Guidance Counselor or Mentor indicating dates and times of quarterly meetings throughout 11<sup>th</sup> and 12<sup>th</sup> grade as required by the Stanley G. Tate Stars Program.**

**STOP: Application will not be considered without the signed tracking form(s).**

All adult household members (18 years of age or older) **must** sign the application.

**Attach:** Official High School Transcript

**Attach:** Two (2) letters of recommendation from either a teacher, BRACE Advisor, employer, minister or community leader.

**Attach:** Proof of confirmation for Free or Reduced Lunch Program.

**Attach:** One typed essay about yourself, your school activities, hobbies, career goals and why you should receive this scholarship (no more than 500 words, 12 pt. font). **(see attached form)**

**Attach:** Conflict of Interest Form.

**Attach:** Copy of Scholarship and Pell Grant award letters, if applicable.

**Attach:** Copy of acceptance letters from universities, colleges, technical or vocational schools as applicable.

**Attach:** Copies of photo ID, Birth Certificate and Social Security Card

**Attach:** Copy of your parents' 2017 Federal Income tax return with W2s

**Attach:** Proof of citizenship/resident alien. Copy of front and back of Alien Registration Cards (Green Card) if any applicant is not a citizen.

**Attach: Parent Self-employment Documentation (if self-employed):** An audited or unaudited financial statement of business income along with a signed statement from the self-employed giving anticipated net income for the next 12 months. If you are unable to provide this, one (1) of the following may be accepted: **a)** Signed and dated copies of prior three (3) years' tax returns along with a statement or affidavit of anticipated net income for the next 12 months; or **b)** Signed and dated statements of net income for the next 12 months from a bookkeeper or accountant.

**Attach:** Proof of applicant and parents' marriage, divorce, alimony, child support, if applicable.

**This program is open to all without regard to race, color, sex, handicap, religion, familial or marital status, sexual orientation, or national origin**

**MUST BE RECEIVED BY  
BROWARD EDUCATION  
FOUNDATION  
ON OR BEFORE APRIL 2, 2018.**

**CITY OF POMPANO BEACH  
BLANCHE ELY SCHOLARSHIP APPLICATION FORM**

GENERAL INFORMATION – Please print neatly and in black ink.

**STUDENT INFORMATION**

Student's name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                                     Number and Street  
 \_\_\_\_\_ Social Security # \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Citizen/Resident Alien    Yes    No  
 E-Mail: \_\_\_\_\_

**APPLICANT INFORMATION (Parent)**

Applicant:		Date of Birth:	Social Security Number:
Spouse and/or Co-Applicant:		Date of Birth:	Social Security Number:
_____			
Street Address		City	State                  Zip Code
_____			
Mailing Address or P.O. Box #		City	State                  Zip Code
_____			
(____) _____ Home Telephone	(____) _____ Business Telephone	(____) _____ Cell Number	
Do you Rent _____ or Own _____ your home?			
<b>Number of Dependents:</b> _____			
How did you hear about the program?			
Newspaper: _____    Brace Advisor: _____    City Hall: _____    Other: _____			

**Profile: The Blanche Ely Scholarship Program is federally funded, therefore we request you to complete the following information for statistical purposes only.**

**Head of Household**

**Marital Status:**  Single  Married  Widow/Widower  Divorced  Separated

**Citizen / Resident Alien:**  Yes  No **Sex:**  Male  Female

**Race/National Origin:**

Black not Hispanic Origin  White not Hispanic Origin  Hispanic

Asian or Pacific Islander  American Indian or Alaskan Native

Other (Specify) \_\_\_\_\_

**Beneficiary**

**Household Characteristics:**  Single Parent  Two parent  Extended family

Foster care  Other (Specify) \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS WHO LIVE WITH YOU:**

Name	Date of Birth	Relationship to You	SS#	Income	Frequency

**EMPLOYMENT INFORMATION: APPLICANT**

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$

**EMPLOYMENT INFORMATION: CO-APPLICANT**

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$

Student Name: \_\_\_\_\_

**Other Sources of Income**

(For ALL Household Members 18 and Over). List Business or, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, etc.)

Name	Type of Income	Gross Annual Amount
1.		\$
2.		\$
3.		\$
4.		\$
		TOTAL: \$

**Do you own a business? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, business Name and Address:**

**Do you own other properties? \_\_\_Y\_\_\_N. If Yes, please specify \_\_\_\_\_**

**ACADEMICS**

Name of School: \_\_\_\_\_

Address (Number and Street) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Anticipated Graduation Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Name of High School Principal: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of BRACE Advisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cumulative High School GPA: \_\_\_\_\_

**SAT/ACT Scores:** \_\_\_\_\_

SAT SCORES: M V ACT SCORE

List any academic award or recognition you have received:

AWARD/RECOGNITION YEAR RECEIVED

\_\_\_\_\_  
\_\_\_\_\_

College Entry Date – Month: \_\_\_\_\_ Year: \_\_\_\_\_

List colleges and universities you have applied to and attach copy of acceptance letter(s)

College/University	Accepted		Estimated College Fees		
	YES	NO	Yearly Tuition	Books/Supplies	Miscellaneous (include housing expenses)
1.					
2.					
3.					
4.					

What college or university are you planning to attend? \_\_\_\_\_

Please list scholarships, grants or assistance you anticipate receiving to fund your university, college or vocational/technical school expenses (attach copies of scholarship and grant award letters).

Scholarships/Grants		Student Loans	Family Contribution	State Prepaid College Fund	
Source	Amount			YES	NO
	\$	\$	\$	YES	NO
	\$				
	\$				
	\$				

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**AUTHORIZATION TO VERIFY INFORMATION**

This is authorization for the City of Pompano Beach to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained in this application may be made by the City of Pompano Beach from any source named in this application, as well as, banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of Pompano Beach may make copies of this letter for distribution to any party with which I (we) have a financial or credit relationship and that any party may treat such copy, including a faxed copy, as an original.

**AGREEMENT**

The undersigned understands that the intent of this application is for purposes of pre-qualifying only and does not guarantee acceptance or approval and no commitment is hereby made on the part of either the applicant or the City of Pompano Beach. We further understand that all information and documents provided with, and in association with this application, are public records and as such are subject to the State of Florida’s public records laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my signature on this application.

Any intentionally false or fraudulent statement or supporting document will constitute cancellation of this application. The City of Pompano Beach is hereby authorized to verify any of the above information. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of Pompano Beach.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** Federal law, U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies ... or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

**PRIVACY ACT NOTICE**

This information is to be used by the agency collecting it, or its assignees, in determining whether you qualify as a prospective scholarship recipient under the Blanche Ely Scholarship Program. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide this information may delay or result in rejection of your application. All information you provide is subject to Florida’s public records laws.

Student’s Name (Print or Type) <b>X</b>	Student’s Signature <b>X</b>	Date
Other Adult’s Name (Print or Type) <b>X</b>	Other Adult’s Signature <b>X</b>	Date
Other Adult’s Name (Print or Type) <b>X</b>	Other Adult’s Signature <b>X</b>	Date
Other Adult’s Name (Print or Type) <b>X</b>	Other Adult’s Signature <b>X</b>	Date
Other Adult’s Name (Print or Type) <b>X</b>	Other Adult’s Signature <b>X</b>	Date
Other Adult’s Name (Print or Type) <b>X</b>	Other Adult’s Signature <b>X</b>	Date



## **PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT**

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance or supplying any information, I/We agree to hold harmless and indemnify the City of Pompano Beach, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City of Pompano Beach, have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the Office of Housing and Urban Improvement in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that the City of Pompano Beach have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Pompano Beach or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for any grant or mortgage or my/our purchase of any real estate, or any matter funded by the City of Pompano Beach .

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Applicant's Signature

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Date

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Co-Applicant's Signature

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Date



**NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE**

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number.

Your social security number is being collected for the purposes of income certifying you for the City’s purchase assistance program, which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars.

**Authorization to Collect Social Security Number**

- 24 CFR 5.609, referred to as "Part 5 Annual Income" - Code of Federal Regulations.
- City of Pompano Beach Scholarship Program Implementation Procedures.

Your social security number will not be used for any other purpose other than verifying your eligibility for the City’s program.

I/We have read and understand this information.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date



CITY OF POMPANO BEACH  
OFFICE OF HOUSING AND URBAN IMPROVEMENT

CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the  Blanche Ely Scholarship Program in the City of Pompano Beach, I understand that I must disclose my relationship with other persons who I may be associated within the City of Pompano Beach. I, therefore, attest to the following:

**Mark Yes or No to indicate your answer.**

\_\_\_\_\_ I **am not** a current City of Pompano Beach official, employee, board member, Commissioner, agent and/or other representative of the City.

\_\_\_\_\_ I **am** a current City of Pompano Beach official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title \_\_\_\_\_

\_\_\_\_\_ I **am** a former City of Pompano Beach official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title \_\_\_\_\_

Date Employment/Term Ended \_\_\_\_\_

\_\_\_\_\_ To the best of my knowledge, I **am not** aware of any current City of Pompano Beach official, employee, board member, commissioner, agent and/or other representative of the City who is related to me or with whom I am a business associate.

\_\_\_\_\_ I **am** related to or have a business relationship with a current City of Pompano Beach official, employee, board member, commissioner, agent and/or other representative.

His/her name is \_\_\_\_\_

This person is associated with the City in the capacity as: \_\_\_\_\_

**The relationship of the person is as follows:**

\_\_\_ Parent \_\_\_ Spouse \_\_\_ Immediate family \_\_\_ Business associate \_\_\_ Other

Applicant's Name (Print)                      Applicant's Signature                      Date

**Applicant's Mailing Address**

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."



## Verification of Citizenship, or Qualified Alien Status Affidavit/Declaration/Certification

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 provides that only U.S. citizens, U.S. non-citizen nationals or Qualified Aliens (and sometimes only particular categories of qualified aliens) are eligible for federal public benefits. Further amendments to the Act have established fair and nondiscriminatory procedures for applicants to provide proof of citizenship.

The City of Pompano Beach, as a federal benefit provider, through the Office of Housing and Urban Improvement, most specifically, the Blanche Ely Scholarship Program, is required to implement the Act, and hence make determinations regarding citizenship, qualified alien status, and eligibility to participate in this program.

These regulations, as promulgated by the Federal Government, make certain that applicants who are not U.S. citizens, U.S. non-citizen nationals, or Qualified Aliens are not eligible to participate in the City of Pompano Beach's Neighborhood Stabilization or First Time Homebuyer Program.

Therefore, I certify that:

\_\_\_\_\_  
Print Full Name of Head of Household

\_\_\_\_\_  
Date of Birth

- am a United States citizen, United States non-citizen national or Qualified Alien as defined by Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended
- and I certify or declare under penalty of perjury, under the laws of the United States of America and the State of Florida that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: Faxed or e-mailed forms, or forms without an original signature are not acceptable**

## BRACE SCHOLARSHIP APPLICATION CHECKLIST

This checklist has been developed to assist you in compiling your application packet. It is for your use only and does not need to be submitted with your application.

- Complete application form and attach any additional pages or supporting documents.
- Meet income guidelines
- Copy of your parent's 2017 Federal Income Tax Return with W-2 forms.
- Two (2) letters or recommendation from a teacher, guidance counselor, employer, minister or community leader
- Official copy of school transcript
- Copies of the following documents:
  - Your birth certificate
  - Your social security card
  - Your driver's license
- Copies of acceptance letters to colleges/universities (if applicable).
- Copies of scholarship grant award letters (if applicable).
- Online Application or Mail applications to:

**Claudette Lavoie, Technical Liaison Contact**  
**Scholarship Program Director**  
**Broward Education Foundation**  
**600 SE 3rd Avenue, 1st Floor**  
**Fort Lauderdale, FL 33301**

Link: <http://browardedfoundation.org/apply/>

- Application received by the BEF on or before **Saturday, April 2, 2018.**

# ESSAY COVER SHEET

**Instructions:**

Please fill out the cover sheet and attach to your essay. Be sure your name is included on your essay.

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Essay Title:** \_\_\_\_\_

**First Line of Essay:** \_\_\_\_\_

**By signing below I certify that the work submitted in my name is entirely my own.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**