

Riverview Woman's Club Foundation, Inc. Scholarships
Central Hillsborough Chamber of Commerce Dr. Earl Lennard Scholarships

2025 SCHOLARSHIP APPLICATION

Application Deadline: Wednesday, February 19, 2025

**Please hand-deliver to your HS Counselor, or be postmarked by the deadline.

Mail to: Riverview Woman's Club Foundation, Inc., 11705 Boyette Rd, #208, Riverview, FL 33569

NOTE TO SCHOOL COUNSELOR: If you have not already scheduled a pickup, please contact the Scholarship Chair by phone: 813-748-7595 or email scholarships@riverviewwomansclub.org

The shared goal of the Riverview Woman's Club Foundation, Inc. (RWC) and the Central Hillsborough Chamber of Commerce (CHCC) scholarship committees is to offer scholarships to students attending Riverview-area high schools regardless of gender identity, religion, or any other membership/affiliation or protected class. The student must be planning to attend an accredited 4-year university, 2-year community college, or trade school during the academic year immediately following high school graduation. The applicant will be considered for all scholarships where they meet the requirements. All scholarships are non-renewable and are made payable to the post-secondary school where they are enrolled. On average, scholarships are \$1,000.

CRITERIA:

Riverview Woman's Club Scholarship Criteria

Applicant must reside in Riverview, FL or be the child/legal dependent of an active Riverview Woman's Club member and be a current year High School Graduate who has been accepted to a two or four-year college/university or accredited trade school **in the State of Florida**. Scholarship criteria includes Financial Need, Merit, Work and/or Volunteerism and/or Extra-Curricular Activities.

Central Hillsborough Chamber of Commerce – Dr. Earl Lennard Scholarship Criteria

The Central Hillsborough Chamber of Commerce (CHCC) is offering special scholarships in memory of prominent local educator, Dr. Earl Lennard. The student's choice of institution is **not** limited to Florida. The student must attend a Riverview area high school or have a parent/guardian member of the GRCC.

Additional Scholarships with varied criteria are available, but may vary each year.

Privacy Notice: Personal information contained in the scholarship application and its attachment will be shredded after a decision is made. A spreadsheet showing name, contact information, scholarship amount and college contact entrusted with the student's scholarship is maintained for recordkeeping purposes.

Candidate Code #: Personal details are collected on page 2, but are NOT shared with the selection committee. Instead, a candidate code will be used to refer to your application.

Please **ADD YOUR CANDIDATE CODE TO THE TOP RIGHT OF EACH PAGE.**

- **Your code is your date of birth (MM/DD/YYYY) followed by your initials**
- **Example:** someone named Amy Baker Cooper born January 1, 2006 would have a candidate code of: **#01012006ABC**

APPLICATION

Name of Student Applicant: First _____ Middle _____ Last _____

Street Address: _____ City: _____ State: **FL** Zip Code: _____

Student's Personal Email Address: _____

Student's Phone: Mobile: _____ Other: _____

Parent/Guardian Name: _____ Email: _____ Phone: _____

High School: _____ School Counselor Email: _____

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED. Please be sure to attach the required documentation.

Applicant Statement/Essay: Max. 500-word statement about why you are deserving of consideration for a scholarship award.

Transcript Summary: Please attach a copy of your High School Credits/Grades Transcript Summary preferably with details such as class rank and GPA. Available from your School Counselor.

Current Proof of Residency: Please attach proof of residency. A current copy of a utility bill is preferred.

Financial Need Verification: If applying for financial need in section 2, page 3, please provide tax return and if applicable, a statement describing financial hardship. Details in section 2.

Letters of Reference: Please attach two (2) Letters of Reference from individuals not related to you. Note the names of the recommenders and their relationship to you below:

Letter #1: Name of Recommender _____ Relationship (teacher/coach/etc.) _____

Letter #2: Name of Recommender _____ Relationship (teacher/coach/etc.) _____

Verification Statement (Student Applicant and Parent/Guardian or School Counselor signatures required):

I, _____ and _____
Print Applicant's Name Print Full Name of Parent/Guardian or Counselor Signing Application

relationship to Applicant _____
Parent or Counselor

do hereby attest to the best of my knowledge that the information provided in and with this application is correct, and will be verified by the Scholarship Selection Committee in fairness to all applicants. Should I be selected as a scholarship recipient I further agree that my name and photograph may be publicized for the scholarship sponsor, and I agree to maintain email/phone contact with the sponsor until the date of remittance to my college.

 Student Applicant's Signature Date

 Parent/Guardian or Counselor Signature Date

1. Applicant Statements (for matching to appropriate scholarship/s): Check all that apply so you can be considered:

I reside in Riverview, FL

I am a child/legal dependent of an active member of the Riverview Woman's Club Name of member: _____

The college I plan to attend is in the State of Florida

I, or my parents work for or own a business or organization that is an active member of the Central Hillsborough Chamber of Commerce? Name of employee _____ of the following business or organization _____

2. Financial Need Verification (optional section; complete only as it applies)

I am applying for a financial need scholarship. Please provide financial hardship documentation and complete the section below:

Parent/Guardian 1: Full Name: _____ Relation to Student: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Position: _____ Annual Income: \$ _____

Parent/Guardian 2: Full Name: _____ Relation to Student: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Position: _____ Annual Income: \$ _____

Total number of dependents living at home including applicant: ____ Adults ____ Children

*****If applying for scholarship based on Financial Need, attach a signed copy of the 1st and 2nd pages of Form 1040 from parent/guardian's most recent years' tax return; omit social security numbers.**

*****Optional for Financial Need Requests: Parent/Guardian-consider attaching a separate signed statement explaining any extenuating circumstances that will affect your family's yearly income, causing financial hardship on the scholarship applicant.**

3. College Application/Plans/Academics

College plans: ___ University/4 yr College ___ Community or 2 yr College ___ Trade/Technical

Based on your current applications and acceptances, what schools are you most likely to attend?

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Anticipated Major: _____ or Undecided/Exploratory: _____

State your intended goal of studying your major and/or attending your school of choice: _____

Will you be completing the FAFSA: ___ NO ___ YES

If so, will you legally qualify to file as an Independent Student: ___ NO ___ YES (foster/orphan/etc.)

Academics (as of date of application)

GPA: Weighted (District) _____ Unweighted (State) _____

If school ranks, Rank in Class: _____ (actual or %) Class Size: _____

Highest Composite (SuperScore) **ACT** (/36): Total _____

Highest Composite (SuperScore) **SAT** (/1600): Total _____

Highest Composite **CLT** (/120): Total _____

DUAL ENROLLMENT: Are you dual enrolled at a community college? ___ NO ___ YES

Total # of credits anticipated by HS graduation: _____; Graduating with AA? ___ NO ___ YES

MAGNET/IB/AP SCHOLAR/AICE/INDUSTRY CERTIFICATIONS:

Are you enrolled in any advanced track programs towards your high school graduation?

___ NO ___ YES Please specify the Program Name and details: _____

BRIGHT FUTURES ELIGIBILITY: ___ NO ___ YES ___ Undetermined to Date

Level: ___ Academic ___ Medallion ___ Gold Seal CAPE ___ Gold Seal Vocational

4. Community Service/Volunteer/Work Experience Hours:

Total Work Experience/Employment Hours towards Bright Futures: _____

Total Community Service/Volunteer Hours towards Bright Futures: _____

Indicate organization, location, role, total hours, and grade (9/10/11/12) in HS***

Organization	Location	Role	Total Hours	Grade (9/10/11/12) in HS (summer hours count towards next grade)

5. School-Related Academic Activities:

Indicate activity, organization, role or award, and grade (9/10/11/12) in HS***

Activity	Organization	Role or Award (including any leadership positions held)	Grade (9/10/11/12) in HS (summer hours count towards next grade)

6. School-Related Extra-Curricular Activities:

Indicate activity, organization, role or award, and grade (9/10/11/12) in HS ***

Activity	Organization	Role or Award (including any leadership positions held)	Grade (9/10/11/12) in HS (summer hours count towards next grade)

7. Non-School Related Civic/Community/Family Responsibility Activities:

Indicate activity, organization, role or award, and grade (9/10/11/12) in HS

Activity	Organization	Role or Award (including any leadership positions held)	Grade (9/10/11/12) in HS (summer hours count towards next grade)

*** Sections 4, 5, 6 and 7 - Attach a separate sheet if additional space is needed.