



# GIFFORD HERITAGE A Community Enrichment Association

EST. 2018 - A Florida NonProfit Corporation - Lic.# CH57335  
GHACE - 4215 28th Court - Vero Beach, FL 32967

## SCHOLARSHIP APPLICATION

This application **MUST BE** completed in its entirety, **SIGNED** and returned via USPS on or before submission deadline, **WITHOUT EXCEPTION**. FAILURE to do so will result in disqualification of consideration.

**POSTMARK DEADLINE FOR SUBMISSION: Wednesday, MARCH 15, 2023**

Mail Application and Required Documents to: GHACE - 4215 28TH COURT - VERO BEACH, FL 32967

Contact Effie Lyles: (772) 978-0360(h) - 532-9856(c) - mseffie@earthlink.net for assistance.

## REQUIRED DOCUMENTS

**DO NOT FOLD OR STAPLE DOCUMENTS. DO NOT SUBMIT DUPLEXED (print on both sides) DOCUMENTS.**

### ◆ Typed List of 2022-2023:

- ☐ School Related Extracurricular Activities
- ☐ Community/Volunteer Non-school Activities

### ☐ Official School Counselor's Report that lists:

- ☐ GPA (weighted/unweighted) and Class Rank
- ☐ National Test Scores (if applicable)

### ☐ A Letter of Reference from Applicant's Teacher\*

### ☐ A Letter of Reference from Community Leader\*

*\*Letters must be DATED.*

### ◆ Copy of Parent/s and/or Guardian/s 2021 Proof of Income NO EXCEPTIONS

- ☐ 2021 IRS Form 1040 or
- ☐ 2021 SSA or other 1099 Form

### ☐ A Letter of Introduction:

- ☐ Addressed to: GHACE
- ☐ Typed in Business Format with required content (see included *Elements of A Business Letter*).

|   |  |                                 |                               |                                 |                                 |  |         |
|---|--|---------------------------------|-------------------------------|---------------------------------|---------------------------------|--|---------|
| SCHOOL NAME   |  |                                 |                               | STUDENT ID#                     |                                 |  |         |
| FIRST NAME  |  |                                 |                               | LAST NAME                       |                                 |  |         |
| ADDRESS   |  |                                 |                               |                                 |                                 |  |         |
| CITY  |  |                                 |                               | STATE                           |                                 | ZIP CODE                                     |         |
| MOBILE#   |  |                                 |                               | HOME#                           |                                 |  |         |
| EMAIL   |  |                                 |                               |                                 |                                 |  |         |
| DATE OF BIRTH   |  | <input type="checkbox"/> FEMALE | <input type="checkbox"/> MALE | GRADUATION DATE                 |                                 |  |         |
| Number of Household Dependents Enrolled in College/Vocational Training ( <b>DO NOT</b> include you, the applicant)  |  |                                 |                               |                                 |                                 |  |         |
| FATHER'S NAME   |  |                                 |                               | Circle one(1)                   | EMPLOYED                        | UNEMPLOYED                                   | OTHER** |
|   |  |                                 |                               | **If OTHER, please specify:     |                                 |  |         |
| MOTHER'S NAME   |  |                                 |                               | Circle one(1)                   | EMPLOYED                        | UNEMPLOYED                                   | OTHER** |
|   |  |                                 |                               | **If OTHER, please specify:     |                                 |  |         |
| WHO DO YOU LIVE WITH? (check all that apply)  |  |                                 |                               | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian(give name) |         |
| GUARDIAN-1 NAME   |  |                                 |                               | Circle one(1)                   | EMPLOYED                        | UNEMPLOYED                                   | OTHER** |
|   |  |                                 |                               | **If OTHER, please specify:     |                                 |  |         |
| GUARDIAN-2 NAME   |  |                                 |                               | Circle one(1)                   | EMPLOYED                        | UNEMPLOYED                                   | OTHER** |
|   |  |                                 |                               | **If OTHER, please specify:     |                                 |  |         |
| <b>**If OTHER, please specify one(1) of the following in the space above: DISABLED, RETIRED, INCARCERATED, DECEASED or UNKNOWN.</b>   |  |                                 |                               |                                 |                                 |  |         |
| I have read this application and to the best of my knowledge all of the information is correct. I realize that failure to provide accurate information and all of the requested documents POSTMARKED, via United States Postal Service, ON OR BEFORE DEADLINE will result in this application not being considered. |  |                                 |                               |                                 |                                 |  |         |
| APPLICANT SIGNATURE   |  |                                 |                               | DATE                            |                                 |  |         |
| PARENT/GUARDIAN SIGNATURE   |  |                                 |                               | DATE                            |                                 |  |         |

**CONFIDENTIAL**



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## — SCHOLARSHIP APPLICATION —

### ELEMENTS OF A BUSINESS LETTER

Listed below are the parts of a business letter that **must be included** in your letter. PLEASE PROOF YOUR DOCUMENT!  
Grammatical **errors** are unacceptable and could result in no consideration for this requirement.

| <b>Letter Format and Content</b>   | <b>Elements</b>   |
|--|---|
| <b>November 04, 2021</b> <i>(date can be justified or centered)</i>  | <b>DATE*</b>  |
|  | <i>One or more spaces between Date and Return Address</i>                   |
| <b>Your Name</b><br><b>Your Street Address</b><br><b>Your City, State and Zip</b><br><b>Your Contact Info(optional)</b>  | <b>RETURN ADDRESS*</b>  |
|  | <i>One space after Return Address</i>                                       |
| <b>GHACE</b><br><b>4215 28TH CT</b><br><b>Vero Beach, FL 32967-1415</b>  | <b>RECIPIENT ADDRESS*</b>   |
|  | <i>One space after Recipient Address</i>                                    |
| <b>Dear GHACE Scholarship Committee,</b>   | <b>SALUTATION/GREETING*</b>   |
|  | <i>One space after Greeting</i>   |
| <b>Content of letter should include:</b><br><input type="checkbox"/> Introduction<br><input type="checkbox"/> Special Considerations(optional)<br><input type="checkbox"/> College You Plan to Attend<br><input type="checkbox"/> Career Plans | <b>BODY*</b>  |
|  | <i>One space after Body</i>   |
| <b>Yours truly,</b> (other closings: Thank you, Sincerely, Sincerely yours, etc.)  | <b>Complimentary CLOSE*</b>   |
|  | <i>One or more spaces after close depending on your choice of signature</i> |
| <b>Hand-written signature(optional)</b><br><b>Your Name(typed)</b>   | <b>SIGNATURE*</b>   |

**\*Required**