



Scholarship Guidelines

In order to qualify for the 2018-19 DeBartolo Family Foundation Scholarship, all applicants **MUST**:

- Be a current high school senior, Class of 2019, in Florida's Hillsborough, Pasco, Pinellas or Polk counties.
- Have plans to continue his or her education at a University, Community College or Technical School starting in summer or fall of 2019.

Checklist for Submission

- Completed and signed DeBartolo Family Foundation Scholarship Application.
- Principal, Vice Principal or Guidance Counselor Signature.
- Maximum 250 word essay, summarizing personal and academic achievements.
- Page 1 of applicant's parent or legal guardian's Federal Income Tax Returns from the previous TWO years. Please **DO NOT** send applicant's W-2 forms, as these are not a representation of overall household income. If your parent or legal guardian has no income, please supply proof of benefits in lieu of tax returns. (social security numbers can be blacked out)**
- Mail **COMPLETED** scholarship application including essay and required parental/legal guardian tax information **postmarked by April 5, 2019** to: DeBartolo Family Foundation, Attn: Melissa Johnson, 15436 N. Florida Avenue, Suite 200, Tampa, FL 33613. **Incomplete applications will not be considered!**
- PLEASE DO NOT** send applicants photos, awards, grades, transcripts, additional references or letters of recommendation. These items will be discarded and will have no impact on scholarship recipients.

Decisions

All final scholarship authority resides with the Board of Directors of the DeBartolo Family Foundation. Applicants will be notified by mail with the status of their application.



Scholarship Application: For current high school seniors, Class of 2019, in Florida's Hillsborough, Pasco, Pinellas or Polk counties attending college in Fall of 2019 as a first time in college student.

Please type or print. All portions of this application must be completed.

Applicant Name First: _____ Middle: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ - _____ Birth date: _____ SS #: _____

Cell Phone: (_____) _____ - _____ Email: _____

High School Attended: _____ Start Date: _____ Diploma date: _____

School Address: _____ City: _____ State: _____ Zip: _____

Date you plan to enter college: _____ Graduation GPA: _____

Student's employment history: _____

What other scholarships have you received, expect to receive or have applied for? Please list all awards along with dollar amount. (Indicate if it is a one-time scholarship or annual. Use separate sheet if necessary)

Name of Scholarship	Annual Yes/No	Amount Applied for	Amount Received
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Total scholarship monies received to date			\$ _____

List other children in your family below:

Name	Age	Attending College? Yes/No	Planning to Attend? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INFORMATION

Name of parent(s) or guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Address if different from Applicant

Telephone: (_____) _____ - _____

Father's Employer: _____ Work Phone: (_____) _____ - _____

Position/Title: _____ Cell Phone: (_____) _____ - _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Employer: _____ Work Phone: (_____) _____ - _____

Position/Title: _____ Cell Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Total household annual income: \$ _____

Please attach page 1 of your parent or guardian's Federal Income Tax Returns from the previous TWO years. Application **WILL NOT be considered without this information.**

COLLEGE PLANS

Indicate below the college(s) you would like to attend or have applied to in the order in which you hope to attend:

Colleges:	Accepted Yes/No
_____	_____
_____	_____
_____	_____

Course of study you plan to follow (show first and second choices):

1. _____
2. _____

REFERENCES:

This part is to be completed by your high school Guidance Counselor. This part should be completed only after you have completed the entire application and should be included with your application. **DO NOT MAIL SEPARATELY.**

Applicant/Student's Name: _____

High School _____

Address _____ City _____ State _____ Zip _____

Student GPA _____

Student ranks _____ in a graduating class of _____ students.

In character, personality, school citizenship, development, conduct and leadership, how would you classify this student?

_____ Top 10% of the class

_____ Average

_____ Below average

Did applicant receive any special recognition for school activities? If so, please explain.

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Anything additional you feel would qualify this student for scholarship consideration?

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I certify that the information contained herein is correct to the best of my knowledge. I also certify that the data related to scholastic performance is from a current and official transcript.

PRINT NAME

Title

EMAIL ADDRESS / PHONE

Application Checklist	
<input type="checkbox"/>	Completed Application, Signed by Student and/or Guardian (Pages 1- 3)
<input type="checkbox"/>	Guidance Counselor Signature (Page 4)
<input type="checkbox"/>	Copy of Federal Income Tax Return (Page 1 of Tax Form) from the last TWO years.
<input type="checkbox"/>	Completed Essay
PLEASE DO NOT SEND TRANSCRIPTS OR GRADES	

Application & all required attachments must be postmarked **TOGETHER by:**

April 5, 2018 to:
DeBartolo Family Foundation
Attn: Melissa Johnson
15436 N. Florida Avenue, Suite 200
Tampa, FL 33613
813-964-8302