

**Riverview Woman's Club Foundation, Inc.,  
2021 SCHOLARSHIP APPLICATION**

**Deadline for Submission: Monday, March 1, 2021**

The Riverview Woman's Club will be awarding five \$1000 scholarships to local Riverview Students and also working with the Greater Riverview Chamber of Commerce members to award five \$1000 scholarships in the name of local prominent educator, the late Dr. Earl Lennard.

**Criteria for the Riverview Woman's Club Scholarships:** Applicant must reside in Riverview, Florida or be the child of an active Riverview Woman's Club member and be a 2021 High School graduate who has been accepted to two or four-year college or university or trade school **in the State of Florida.**

**Award Categories:** Riverview Woman's Club Scholarships will be awarded for: Needs-Based, Merit, High Volunteerism, Vocational/Community College, and STEM (Science, Technology, Engineering or Math).

**The Dr. Earl Lennard Scholarship Criteria:**

*Note:* This is NOT a needs-based scholarship and the student's college or trade school of choice is **not** limited to Florida institutions.

The Greater Riverview Chamber of Commerce membership will be awarding five, \$1,000 Scholarships in the name of prominent local educator Dr. Earl Lennard. The Student must attend either Riverview high School, Spoto High School, Lennard High School, East Bay High School or work for a member or have a parent/guardian member of the Greater Riverview Chamber of Commerce.

Do you or your parents work for or own a business or organization that is a member of the Greater Riverview Chamber of Commerce (GRCC)?

\_\_\_\_\_ Yes, I or my parents work for or own a business/organization that is a member of the GRECC

\_\_\_\_\_ Name of Business or  
Organization

\_\_\_\_\_ No, this does not apply to me

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**Student Applicant** - Please enclose copy of your current driver's license or utility bill (proof of residency) and a photo of yourself.

**Name of Applicant:** \_\_\_\_\_

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

**City/State/Zip Code:** \_\_\_\_\_

**Telephone #s: land-line** \_\_\_\_\_ **cell #** \_\_\_\_\_

**Email address:** \_\_\_\_\_

1. **Verification of Family Income** (Please indicate on the appropriate line, the family's gross income)

Father's Name & Address:

\_\_\_\_\_

Employer \_\_\_\_\_ Wages: \$ \_\_\_\_\_/yr.

Mother's Name & Address:

\_\_\_\_\_

Employer \_\_\_\_\_ Wages: \$ \_\_\_\_\_/yr.

**Note only for Needs-based requests:** If applying for a needs-based scholarship, attach a signed copy of the 1st and 2nd pages of **Form 1040 from your parent's most recent two years' tax return**; omit social security numbers. (*Optional:* parent/guardian – please explain any extenuating circumstances that will affect your family's yearly income causing financial hardship on the scholarship applicant. Please attach a separate signed statement.)

Number of dependents living at home (include applicant, sibling(s) and/or dependents.)

\_\_\_ Adults \_\_\_ Children \_\_\_ Other individuals

**2. Student Finances**

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ How many hours a week/month do you work? \_\_\_\_\_

Hourly Wage or Weekly Income: \$ \_\_\_\_\_

Past employment (year and hours per week). \_\_\_\_\_

\_\_\_\_\_

Do you plan to be employed while continuing your education? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a 529 College Savings Plan? \_\_\_ yes \_\_\_ no If yes, what is the value? \_\_\_\_\_

Do you have a Florida Prepaid Scholarship? \_\_\_\_\_ Value \$ \_\_\_\_\_

**3. College Application**

Which college(s), university or trade school have you applied for admission to?

1. \_\_\_\_\_ Date Applied \_\_\_\_\_ (or) Date accepted \_\_\_\_\_ Yearly Tuition \_\_\_\_\_

2. \_\_\_\_\_ Date Applied \_\_\_\_\_ (or) Date accepted \_\_\_\_\_ Yearly Tuition \_\_\_\_\_

3. \_\_\_\_\_ Date Applied \_\_\_\_\_ (or) Date accepted \_\_\_\_\_ Yearly Tuition \_\_\_\_\_

What have you decided as a major course of study?

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Have you been granted financial aid? \_\_\_ Yes or \_\_\_ No If yes, give details.

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Do you intend to apply for financial aid at the college you plan to attend? \_\_\_ Yes or \_\_\_ No  
If so, give details:

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Do you expect financial aid from any other source? \_\_\_ Yes or \_\_\_ No. If so, give details:

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Do you plan on participating in a four-year college ROTC program? \_\_\_\_\_ Yes or \_\_\_\_\_ No  
If applicable, which program? \_\_\_\_\_

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#### **4. References**

Please provide two references from individuals not related to you and attach a copy of their Recommendation letter.

1. Name/title or relationship

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2. Name/title or relationship

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#### **5. Academic Standing:** High School and/or Higher Education Grade Point Average

Class Rank: \_\_\_\_\_ Cumulative GPA (on a 4-grade point scale): \_\_\_\_\_

Composite ACT Score: \_\_\_\_\_

Combined SAT Score \_\_\_\_\_ (Math \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ )

#### **6. Community Service Hours** – (Volunteer Organizations with hours and dates worked)

a. \_\_\_\_\_

e. \_\_\_\_\_

b. \_\_\_\_\_

f. \_\_\_\_\_

c. \_\_\_\_\_

g. \_\_\_\_\_

d. \_\_\_\_\_

h. \_\_\_\_\_

**7. Please attach a copy of your Transcript.** (The transcript is available in your high school guidance office or college registrar's office.)

**8. School Related Academic Activities.** Indicate high school or college year by (1), (2), (3), (4)  
*Honors and Awards* (State the nature of honor or award and year; Example: National Honor Society 3, 4)

a. _____	e. _____
b. _____	f. _____
c. _____	g. _____
d. _____	h. _____

*Offices and Positions of Leadership* (State the name of the organization, position and year)

a. _____	e. _____
b. _____	f. _____
c. _____	g. _____
d. _____	h. _____

*Member of Organizations where no office was held.* (State name of the organization and year: Example: Band 2, 3.) Note: state only major activities.

a. _____	e. _____
b. _____	f. _____
c. _____	g. _____
d. _____	h. _____

**9. School Related Extra-Curricular Activities**

*Honors and Awards* (State the nature of honor or award and year: Example, computer club 2, 3)

a. _____	e. _____
b. _____	f. _____
c. _____	g. _____
d. _____	h. _____

*Offices and Positions of Leadership* (State the name of the organization, position and year)

a. _____	e. _____
b. _____	f. _____
c. _____	g. _____
d. _____	h. _____

*Member of Organizations where no office was held.* (State name of the organization and year: Example, Band 2, 3). Note: State only major activities

a. _____	e. _____
b. _____	f. _____
c. _____	g. _____
d. _____	h. _____

**10. Non-School Related Civic Activities**

*Honors and Awards* (State the nature of honor or award and year: thus 4-H 2, 3)

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|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |

*Offices and Positions of Leadership* (State the name of the organization, the position and year)

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|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |

*Members of Organizations where no office was held* (State name of the organization & year: thus Scouting, 4-H, etc.) Note: State only major activities.

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|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |

**Note: Please list additional honors & activities on a separate sheet**

**11. State your plans for enrollment in an accredited Florida college, university or trade school:**

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**12. Applicant Statement**

On a separate sheet of paper, please describe, in 500 or less words why you would like to be a **Riverview Woman’s Club Foundation scholarship recipient**, your need for financial aid, and other information that you believe would be of value in the selection process.

If applying for a Dr. Earl Lennard scholarship awarded by the Greater Riverview Chamber of Commerce membership, state why you would like to be considered and any other information of value that would help in the selection process. *Important Note:* The Dr. Lennard Scholarship is NOT a needs-based award and you do not have to attend a Florida college, university or trade school to receive it.

**Verification Statement:** I \_\_\_\_\_ (print student's name) and  
\_\_\_\_\_ (Print Parent's name) do hereby attest to the best of my knowledge that the  
above information is correct and will be verified by Riverview Woman's Club Foundation Scholarship Committee  
in fairness to all applicants.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Incomplete applications cannot be accepted.**

**Must be postmarked by Deadline: Monday, March 1, 2021**