



## Scholarship Guidelines

In order to qualify for the 2019-20 DeBartolo Family Foundation Scholarship, all applicants **MUST**:

- Be a current high school senior, Class of 2020, 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 2020.

### 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 3, 2020** to: DeBartolo Family Foundation, Attn: Judy Bragdon, 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 2020, in Florida's Hillsborough, Pasco, Pinellas or Polk counties attending college in Fall of 2020 as a first time 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
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<b>Total scholarship monies received to date</b>			\$ _____

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 current School 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.

Does this student portray good character, school citizenship, development, conduct and leadership?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

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

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

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

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

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

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

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

**April 3, 2020 to:**  
DeBartolo Family Foundation  
Attn: Judy Bragdon  
15436 N. Florida Avenue, Suite 200  
Tampa, FL 33613  
813-964-8302