



West Florida Chapter CAI Scholarship Fund Application

Name:

Address:

City:

State:

Zip:

Home Phone:

Business Phone:

Email Address:

Social Security Number (last 4 digits/optional):

Date of Birth:

1. Are you a U.S. Citizen or documented permanent resident? Yes No

2. Do you reside in Manatee or Sarasota County? Yes _____ No

3. Marital Status:

4. Spouse's name and occupation:

5. Do you have legal dependents? Yes No

a. If yes please list their names and ages.

6. What educational institution do you plan to attend?

Name:

Address:

City/State/Zip:

7. Will you be attending full or part time?

8. What course of study will you be pursuing?

9. Are you currently enrolled in the program?

10. When do you expect to complete your degree/certificate?

Estimated Costs for full time program: \$

Length of Course _____

If currently attending – Remaining fees due _____

11. Please list any other scholarships applied for:

12. Please list any government grants or programs you have applied for:

13. Have you applied for a Pell Grant? Yes No

14. Please list any scholarships, grants or financial aid you have been awarded:

Pell Grant Amount \$ _____

Scholarship \$ _____

Please list two personal references (an employer, supervisor, teacher, minister etc.
References should NOT be family members or friends):

Name	Position/Relationship
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1.)

2.)

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION:

1. **Official copy of your high school or college transcripts (Diploma or GED Certificate only if out of school more than 10 years). (2-4 year programs only)**
2. **FAFSA- Student Aid Report (SAR) (2-4 year programs only)**
3. **Letter of reference from at least one of the above named people.**
It is the applicant's responsibility to ask a reference for a short letter giving their opinion of the applicant's character, strengths, weaknesses, abilities and other information that would help the committee make its decision. The reference should state his/her relationship to the applicant.
4. **A brief written personal introduction of yourself, identify your mentors, share your goals and expectations and reason(s) why you need/deserve financial assistance.**
5. **Proof of CAM License from the DBPR (Community Association Managers seeking aid for a PMDP course)**

Incomplete applications will not be considered.

Please return application to:

Manatee Community Foundation, 2820 Manatee Ave W, Bradenton, FL 34205

I hereby attest that all information is true and correct to the best of my knowledge.

Name / Signature

Date