JOCELYN WATKINS SCHOLARSHIP

SCHOLARSHIP APPLICATION INSTRUCTIONS

Dear Scholarship Applicant:

The Jocelyn Watkins Scholarship is open to all eligible students in the neighborhood of Liberty City with any of the following zip codes: 33127, 33142, 33147, 33150, wanting to attend Miami-Dade College.

SCHOLARSHIP REQUIREMENTS ARE:

1. Minimum 3.0 GPA.
2. Graduate of a high school or expect to graduate by spring of the current year.
3. Should have proof of vaccination schedule according to public health guidelines.
4. Must apply for financial aid and provide supporting documentation.
5. Must report all other financial aid and/or scholarships applied for and/or awarded in this application.
6. Must submit the "Permission to Release Information" form.
7. Must submit two letters of recommendation from any of the following: teacher, community leader, religious leader, athletic coach, employer or supervisor. The recommendation letter may not be from a family member or friend.
8. Must submit the most recent transcript of high school education.
9. Must submit a resume with all volunteer activities, work experience, and awards/honors received.
10. All items listed above must be included or the application will not be considered.

LETTERS OF RECOMMENDATION

Each of the letters of recommendation should be no longer than one typed page (PDF format) and each author should include the applicant's name as well as the following information:

- Author's name, address, and telephone
- How long have you known the applicant?
- What has been your relationship to the applicant?
- Please indicate what you know about the applicant's background: his/her family circumstances, home environment, neighborhood and any other pertinent information relating to his/her background.
- Please state the applicant's attitude toward education, his/her specific strengths, weaknesses and achievements, and other relevant information.

The Scholarship Committee hopes these instructions and the application will help worthy students receive assistance toward their education. Should you have questions concerning the criteria or any other matter regarding this scholarship, please contact Elaine Gross at (305) 361-1562 or Melissa White at (305) 206-0549.

Sincerely,

The Jocelyn Watkins Scholarship Committee

JOCELYN WATKINS SCHOLARSHIP APPLICATION

General Instructions

Answer all questions. Leave no blanks. Please type or print neatly in black ink. Incomplete applications will not be accepted.

PERSONAL INFORMATION

Name _____ Phone _____

Permanent Home Address _____

_____

City _____ State _____ Zip

_____

Date of Birth _____ Are you an American Citizen? _____

Do you have proof of your vaccination schedule?: _____

FAMILY INFORMATION

Name of parent/guardian 1_____ Phone _____

Address _____

City _____ State _____ Zip

_____

Name of parent/guardian 2_____ Phone _____

Address _____

City _____ State _____ Zip

_____

HIGH SCHOOL

High School of Graduation _____

Date of Graduation _____ Rank in Class _____ GPA _____

COLLEGE/UNIVERSITY

Are you planning to attend Miami-Dade College? _____

What is your intended major? _____

FINANCIAL AID & SCHOLARSHIPS

Please list all financial aid and/or scholarships applied for and/or awarded in

_____

_____

_____

_____

_____

_____

ATTACHMENTS

Please attach/include all of the following items with your application.

- College/University Permission to Release Information
- Proof of Vaccination Schedule
- Proof of Financial Aid Application
- Recent Transcript of High School Education
- Two (2) Letters of Recommendation - *The letters must be from a teacher, community leader, religious leader, athletic coach, employer or supervisor. The recommendation letter may not be from a family member or friend.*
- Resumé - Please include all volunteer activities, work experience, and awards/honors received to date

SPECIAL CIRCUMSTANCES

You may use this space to explain any personal or family circumstances that would influence the committee in the selection process. Such things as financial problems, other siblings in college, illness, handicaps, unemployment, etc. may be considered.

_____

_____

_____

_____

_____

_____

AUTHORIZED CERTIFICATION

My signature below is to certify that all of the information reported in this application is true and correct to the best of my knowledge, and further that I understand and agree that if I am awarded this scholarship, it will be payable to the college, as a credit to me, only upon proof of full-time enrollment at the college.

_____

Signature of Applicant Date

_____

Signature of Parent or Guardian (If applicant is a minor) Date

PERMISSION TO RELEASE INFORMATION TO THE JOCELYN WATKINS SCHOLARSHIP

TO: Financial Aid Director

_____
University/College

_____
City, State, Zip

I have applied for a Grant from the Jocelyn Watkins Scholarship. All of my required documents have been submitted to the Jocelyn Watkins Scholarship and my file is complete. I hereby authorize you to discuss my eligibility to receive the grant by telephone, fax or mail with a representative of the Jocelyn Watkins Scholarship.

_____	_____	_____
Student Name (print)	Student Signature	Social Security Number
_____	_____	_____
Parent Name (print)	Parent Signature	Date

JOCELYN WATKINS SCHOLARSHIP WILL NOT CONTACT COLLEGES FOR MISSING AWARD LETTERS, SAR, TRANSCRIPTS, ETC.

JOCELYN WATKINS SCHOLARSHIP WILL NOT ADJUST AWARD AMOUNTS AFTER JOCELYN WATKINS SCHOLARSHIP GRANT AWARD LETTERS HAVE GONE OUT.

THERE WILL BE NO EXCEPTIONS TO THE ABOVE.

Include this copy with your application.

JOCELYN WATKINS SCHOLARSHIP

Scholarship Checklist

APPLICATION DEADLINE: April 30th

Dear Scholarship Applicant:

To be considered for the Jocelyn Watkins Scholarship, you must submit all paperwork listed below as part of your application package. There will be no exceptions, so please double check that your application has the following:

- ❏ Jocelyn Watkins Scholarship Application;
- ❏ Two (2) Letters of Recommendation;
- ❏ Financial aid and supporting documentation;
- ❏ "Permission to Release Information" letter for the college/university;
- ❏ Proof of Vaccination Schedule;;
- ❏ Most recent transcript;
- ❏ Resume with all volunteer activities, work experience, and awards/honors received.

If you have any questions please contact the Key Biscayne Community Foundation at (305) 361-2770.