**Sunset Park Homeowners Association Scholarship Application**

Student Information (please type or print legibly)

Name: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_

Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_

Telephone: Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_\_

Guidance/College Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_

Do you and your parents/legal guardians live in Sunset Park? \_\_\_\_

Are your parents/legal guardians members of SPAHA? \_\_\_

*NOTE: Applicants parents/legal guardians must be members of SPAHA for applicant to qualify for the scholarship*.

Schools to which you plan to apply : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Field of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic Essay: All of our lives have been impacted by the pandemic. What have you learned about yourself during this time and how will you use this experience moving forward in your life?

Personal Statement: Please tell the SPAHA Scholarship Committee your goals, your intended field of study, your reasons for seeking the SPAHA scholarship, and any extenuating family circumstances or personal challenges which you have faced.

Personal References (one reference from each of the following is required):

* Recommendation from a high school staff member of guidance counselor.
* Recommendation from a community member such as clergy, employer, or neighbor.

*NOTE: References may not be related to applicants.*

**Application Instructions:**

Please use a large manila envelope for mailing your application. Include:

1. The application form

2. High School Transcript summary

3. Topic Essay and Personal Statement

4. Reference letters

All the above must be mailed in the same envelope and sent to the address provided below.

*Transcript Summary and reference letters must accompany application; Please do not send separately.*

NOTE: Failure to comply with the steps in applying will result in application being disqualified.

**Mail Application to:**

SPAHA Scholarship

Nancy Granda, Scholarship Chair

4619 W. Longfellow Avenue

Tampa, FL 33629

ngranda@aol.com

**Deadline and Notification:**

* Application must be received on or before Friday January 15, 2021.
* The scholarship recipient will be notified no later than April 16, 2021.
* Recipient must verify college acceptance and enrollment information.
* Scholarship of $1000 will be awarded during the May SPAHA meeting.

**Checklist:**

\_\_\_Completed Application

\_\_\_High School Transcript Summary

\_\_\_Topic Essay

\_\_\_Personal Statement

\_\_\_2 letters of recommendation