Haitian Educators Association of Palm Beach

3668 Miramontes Circle

Wellington, FL 33414

**Heapb215@gmail.com**

**SCHOLARSHIP INFORMATION**

The Haitian Educators Association of Palm Beach (HEA) is a collaborative effort of Haitian professionals who desire to provide scholarships to Haitian students in order to support their goal of higher education. Candidates should be students who demonstrate academic excellence, strong leadership qualities and are involved in community activities. Scholarship recipients must show proof of college acceptance and first semester class schedule for funds to be disbursed.

Scholarship Award: Ranges from $500-$1000.00

Number of scholarships: Varies

Selection Date: April 28, 2022

**Requirements**

Candidates must:

1. Be a first-generation Haitian student, residing in Palm Beach County. Priority will be given to LY, LF, and LZ students.
2. Have a minimum grade point average (G.P.A) of 3.2.
3. Meet all graduation requirements.
4. Provide current resume highlighting school and community accomplishments.
5. Provide official high school transcript.
6. Be accepted at a higher educational, vocational or technical institution (attached acceptance letter).
7. Provide two (2) letters of recommendation from teachers, supervisors or community leaders.
8. Complete a submission essay:

i. Describe why this scholarship is important to you

ii. Essay should be at least 500 words

iii. Essay must be in Times New Roman -12-point font

iv. Essay margins must have one-inch top, bottom and side margins

1. Participate in a virtual interview.

**The completed application and requirements must be postmarked or delivered**

***no later than Monday, April 4, 2022.* Please mail all completed documents to:**

**Mrs. Vivianne Jean-Francois c/o Scholarship Committee**

**Haitian Educators Association of Palm Beach, Inc.**

**3668 Miramontes Circle**

**Wellington, FL 33414**

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**2021-2022 SCHOLARSHIP APPLICATION**

Please complete the application in blue ink and print clearly. If this form is incomplete, inaccurate or not signed, it will not be considered. Provide accurate and up-to-date information. If you have any questions and/or concerns, please email Heapb215@gmail.com.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC DATA**

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_\_ SAT Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (critical reading and math only) ACT Composite Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Service hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALTERNATIVE CONTACT PERSON/PARENT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FUTURE EDUCATIONAL PLAN**

Have you been accepted to or applied to an accredited university, college, technical or vocational school for the Fall of 2022? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_ What university, college, technical or vocational school do you expect to attend?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What field of study do you plan to pursue? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF FINANCIAL NEED AND FAMILY INFORMATION**

Estimated cost per year of college: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are your parents or other relatives willing and able to assist you financially? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special financial circumstances or problems that should be considered? (Such as single income household, medical expenses, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:**

* Two (2) letters of recommendation from teachers, supervisors or community leaders
* The submission essay

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committees and scholarship donor(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF APPLICANT DATE

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