



COLLEGE/UNIVERSITY SCHOLARSHIP FOR TITLE I STUDENT

APPLICATION

Kids' Dreams provides scholarships to deserving Palm Beach County high school students eligible to receive Title I benefits. In order to be granted a scholarship, applicants must be accepted by a college or university located in Florida that has no religious affiliation and applicants must use the scholarship funds to assist them with attendance at that college or university. Scholarship funds will be paid to the college or university on behalf of the student.

APPLICANT INFORMATION:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

High School: _____ School City: _____

School Zip Code: _____ School Phone: _____

High School GPA: _____

Qualified applicants should complete this Application and submit with:

- A completed Scholarship Recommendation Form (or a formal letter) signed by your principal, guidance counselor, academic advisor, or teacher
- A list of your accomplishments, extra-curricular activities and other important achievements
- A few paragraphs describing your childhood, family life and interests
- A paragraph explaining your future goals
- A list of schools/colleges to which you have applied and your intended course of study

I agree that all information submitted may be used for publication. I accept the decision of Kids' Dreams as final for the College/University Scholarship for Title I Student.

Signature of Applicant: _____

Date: _____

DEADLINE: Midnight, Tuesday, April 30, 2019

Submit Application and Scholarship Recommendation Form to:
Kids' Dreams Scholarship • 1760 N Jog Road, Suite 150 • West Palm Beach, FL • 33411

KIDS' DREAMS, INC.

SCHOLARSHIP RECOMMENDATION FORM

PART I [TO BE COMPLETED BY THE APPLICANT]

Applicant's name: _____

Current address: _____

Class level next year: _____ Cumulative GPA: _____

Name of individual who (must be unrelated to the applicant) will complete this recommendation form:

Right of Privacy. According to law, you have the right to examine any document in your file. Failure to waive this right will not be prejudicial to you. If you wish to waive the right to review this form, you should sign below.

Applicant's signature: _____ Date: _____

PART II [TO BE COMPLETED BY THE REFERENCE]

The following form is to be used in recommending an applicant for a Scholarship from KIDS' DREAMS. If you prefer to write a letter, please attach your letter to this form. If an item is not applicable, please enter "N/ A". Note that a statement has been included in Part I above giving the applicant the option of waiving his/her right to review this form after it has been submitted.

Name (First Last) _____

How long have you known the applicant? _____

What is the basis of your knowledge of the applicant?

Teacher/Professor Counselor Principal or V.P. Other _____

In what courses were you the applicant's teacher/professor? _____

Do you believe you are qualified to judge the merits of the applicant? Yes No

If no, do not continue. Please advise the applicant that you cannot complete this recommendation. Otherwise, continue on to the next page.

Please explain why Kids' Dreams should award a scholarship to the applicant.

Signature of Principal, Guidance Counselor or Teacher: _____

Print Name: _____

Date: _____

Please return directly to:

Kids' Dreams, Inc.
1760 N Jog Road, Suite 150
West Palm Beach, FL 33411

Attention: Scholarship Committee