

Basil L. King Scholarship Foundation
2018-2019 Application
Application Deadline: Monday, June 18, 2018

The Basil L. King Scholarship is for St. Lucie County residents pursuing a career in the Health Sciences. To apply for the Basil L. King Scholarship, you must **complete** the attached application and provide all required information for consideration.

Required Documents

1. Completed Scholarship Application
2. **Official** HS or College Transcript
3. Letter of Acceptance into Health Science Program
4. Copy of Driver's License
5. Statement of educational goals and career objectives (type-written not to exceed 500 words)

Submit completed application and required documents to:

Basil L. King Scholarship Foundation
c/o Indian River State College Foundation
3209 Virginia Avenue
Fort Pierce, FL 34981-5596

**Notification of Award Status:

All applicants will be notified of their award status by Monday, July 30, 2018. If you do not receive your award letter by Monday, July 30, 2018, please contact Latrice Thomas at lthomas@irsc.edu or (772) 462-7246.

If you have any questions or need additional information, please contact Latrice Thomas at lthomas@irsc.edu or (772) 462-7246.

INCOMPLETE APPLICATIONS
WILL NOT BE CONSIDERED

2018-2019
Basil L. King Scholarship Foundation Application
www.blksf.org
Application Deadline: Monday, June 18, 2018

SECTION A APPLICANT INFORMATION

Student ID Number: _____

Applicant's Name: _____
 (LAST) (FIRST) (MIDDLE/FORMER)

Applicant's Address: _____

 (CITY) (STATE) (ZIP CODE) (COUNTY)

Permanent Mailing Address: _____

 (CITY) (STATE) (ZIP CODE) (COUNTY)

Home Phone: _____ Cell Phone: _____

Date of Birth: ___/___/___ Email Address: _____
 Month/Day/Year

What year did you graduate from high school? _____

What is the name of the high school from which you graduated?

Which college will you be attending for the 2018-2019 Academic Year?

If you have already obtained a college degree, what type of degree did you earn (e.g. Associates of Arts (A.A.), Bachelors, Associates of Science (A.S.), etc.)?

What year did you obtain the above degree? _____

What was your major? _____

Which Health Science program have you been admitted to for the 2018-2019 academic year? _____

What year were you accepted into your Health Science program? _____

What year do you expect to complete your current Health Science program? _____

Have you applied for Financial Aid? Yes _____ No _____

SECTION B APPLICANT AND SPOUSE INCOME INFORMATION
THIS SECTION MUST BE COMPLETED TO APPLY FOR THIS SCHOLARSHIP. IF YOU LEAVE THIS SECTION BLANK, YOUR APPLICATION WILL NOT BE PROCESSED.

Applicant's Occupation: _____ Employer: _____

Spouse's Occupation: _____ Employer: _____
(If applicable)

Applicant's 2017 income (before taxes) _____

If married, spouse's 2017 income (before taxes) _____

Other income (taxable plus non-taxable) _____

APPLICANT'S/SPOUSE'S TOTAL 2017 INCOME _____

List the dependents who receive more than 1/2 of their support from you:

Name: _____ Age: ___ Relationship: _____ Name: _____ Age: ___ Relationship: _____

Name: _____ Age: ___ Relationship: _____ Name: _____ Age: ___ Relationship: _____

Number in family who will be attending college in 2018-2019 _____

I am listed as a dependent for tax purposes by my parent(s)/guardian(s). Yes ___ No ___

If you answered yes to the above question, you must complete **SECTION C**.

SECTION C PARENT(S)/GUARDIAN(S) INFORMATION
STUDENTS LISTED AS DEPENDENTS FOR TAX PURPOSES BY THEIR PARENT(S)/GUARDIAN(S) MUST COMPLETE THIS SECTION IN ORDER TO BE CONSIDERED FOR THIS SCHOLARSHIP.

Father/Guardian	Mother/Guardian
Name: _____	Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____

Please continue by completing Section D.

SECTION D

PARENT(S)/GUARDIAN(S) INCOME INFORMATION

STUDENTS LISTED AS DEPENDENTS FOR TAX PURPOSES BY THEIR PARENT(S)/GUARDIAN(S) MUST COMPLETE THIS SECTION IN ORDER TO BE CONSIDERED FOR THIS SCHOLARSHIP.

Parent Marital Status: _____ single _____ married _____ separated _____ divorced

Father's 2017 income (before taxes) _____

Mother's 2017 income (before taxes) _____

Other income (taxable plus non-taxable) _____

PARENT(S)/GUARDIAN(S) TOTAL 2017 INCOME _____

Dependents who receive more than 1/2 of their support from parent(s)/guardian(s):

Name: _____ Age: _____ Relationship: _____ Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____ Name: _____ Age: _____ Relationship: _____

Number in family who will attend college in 2018-2019 _____

PARENT/GUARDIAN CERTIFICATION (Required from parent(s)/guardian(s) of student required to complete this section):

I declare that the above responses are true, correct, and complete.

Parent/Guardian signature Date Parent/Guardian signature Date

SECTION E

APPLICANT CERTIFICATION/AUTHORIZATION

(REQUIRED FOR ALL APPLICANTS)

I declare that my responses on this application are true, correct, and complete. I understand the terms and conditions of the scholarship for which I am applying. I hereby authorize release of information contained in this application, my academic transcript and any additional information to the Basil L. King Foundation.

I UNDERSTAND THAT IF MY APPLICATION IS NOT COMPLETE I WILL NOT BE CONSIDERED.

Student Signature: _____ Date: _____

**IMPORTANT! YOUR APPLICATION IS NOT COMPLETE UNLESS:
ALL REQUIRED SECTIONS ARE COMPLETED AND YOUR APPLICATION IS SIGNED**