

**2012-2013**

*Basil L. King Scholarship Foundation*

*For St. Lucie County residents  
pursuing a career in the  
Health Sciences*

**Application Deadline:**

**THURSDAY, MAY 24, 2012**

## **Application Instructions**

To apply for the Basil L. King Scholarship, you must **complete** the attached application and provide all required information for consideration.

## **Application Checklist**

- ❑ **Completed Application**
- ❑ **High School or Unofficial College Transcript**
- ❑ **Letter of acceptance into health science program**
- ❑ **Copy of Drivers License**
  
- ✓ **Submit completed application and required documents no later than Thursday, May 24, 2012 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 award letters (acceptance & denial) will be mailed on Monday, June 25, 2012. If you do not receive your award letter by Monday, July 2, 2011, please contact Latrice Thomas at [lthomas@irsc.edu](mailto:lthomas@irsc.edu) or (772) 462-7246.

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

**INCOMPLETE APPLICATIONS  
WILL NOT BE CONSIDERED**

**2012-2013  
BASIL L. KING SCHOLARSHIP FOUNDATION  
APPLICATION**

[www.blksf.org](http://www.blksf.org)

**APPLICATION DEADLINE: THURSDAY, MAY 24, 2012**

**SECTION A (Applicant's 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)

Telephone (home): (\_\_\_\_) \_\_\_\_\_ (cell): (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

Applicant's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(If applicable)

**What year did you graduate from high school?** \_\_\_\_\_

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

**What college will you be attending for the 2012-2013 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?** \_\_\_\_\_

**What Health Science program have you been admitted to for the 2012-2013 academic year?**  
\_\_\_\_\_

**What year were you accepted into your current 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: Parent(s) Information**

STUDENTS LISTED AS DEPENDENTS FOR TAX PURPOSES BY THEIR PARENT(S)/GUARDIAN MUST COMPLETE THIS SECTION.

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

**Please continue by completing Section D.**

**SECTION C: 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.

STUDENTS LISTED AS DEPENDENTS FOR TAX PURPOSES BY THEIR PARENTS/GUARDIAN MUST ALSO COMPLETE SECTION D.

Applicant's 2011 income (before taxes) \_\_\_\_\_  
If married, spouse's 2011 income (before taxes) \_\_\_\_\_  
Other income (taxable plus non-taxable) \_\_\_\_\_  
**APPLICANT'S/SPOUSE'S TOTAL 2011 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 attend college in 2012-2013 \_\_\_\_\_

**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 2011 income (before taxes) \_\_\_\_\_  
Mother's 2011 income (before taxes) \_\_\_\_\_  
Other income (taxable plus non-taxable) \_\_\_\_\_  
**PARENT(S)/GUARDIAN(S) TOTAL 2011 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 the family who will attend college in 2012-2013 \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATION** (Required from parent(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, IT WILL NOT BE CONSIDERED.*

*Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

**IMPORTANT! YOUR APPLICATION IS NOT COMPLETE UNLESS:**

**ALL REQUIRED SECTIONS ARE COMPLETED AND YOUR APPLICATION IS SIGNED**