

2010-2011

Basil L. King Scholarship Foundation

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

Application Deadline:

MONDAY, May 24, 2010

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 Monday, May 24, 2010 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 28, 2010. If you do not receive your award letter by Friday, July 9, 2010, 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**

**2010-2011
BASIL L. KING SCHOLARSHIP FOUNDATION
APPLICATION**

www.blksf.org

APPLICATION DEADLINE: MONDAY, MAY 24, 2010

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)

Date of Expected Graduation from High School or IRSC: _____

College you plan to attend after graduation: _____

Proposed Health Field of Study? _____

Does either one of your parents have a Bachelor's Degree from an accredited College or University? Yes ___ No ___

Have you been admitted to the college listed above? Yes _____ No _____

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.

IMPORTANT! YOUR APPLICATION IS NOT COMPLETE UNLESS:

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

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 2009 income (before taxes) _____
If married, spouse's 2009 income (before taxes) _____
Other income (taxable plus non-taxable) _____
APPLICANT'S/SPOUSE'S TOTAL 2009 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 2010-2011 _____

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 2009 income (before taxes) _____
Mother's 2009 income (before taxes) _____
Other income (taxable plus non-taxable) _____
PARENT(S)/GUARDIAN(S) TOTAL 2009 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 2010-2011 _____

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: _____