Haitian Educators Association of Palm Beach



3200 Summit Blvd PO Box 16266 West Palm Beach, FL 33416 Heapb215@gmail.com

SCHOLARSHIP INFORMATION

The Haitian Educators Association of Palm Beach (HEA) is a collaborative effort to provide scholarships to Haitian students in order to support their goal of higher education. Candidates must demonstrate academic excellence, strong leadership qualities and be 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 25, 2025

Requirements

Candidates must:

- 1. Be a Haitian student, residing in Palm Beach County
- 2. Be an English Language Learner (ELL)
- 3. Have a minimum grade point average (G.P.A) of 3.2
- 4. Meet all graduation requirements
- 5. Submit a resume.
- 6. Provide an official high school transcript.
- 7. Be accepted at a higher educational, vocational or technical institution (Please attach acceptance letter)
- 8. Provide two (2) letters of recommendation from teachers, supervisors or community leaders
- 9. 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
- 10. Participate in a virtual interview.

A completed application must be postmarked (DO NOT EMAIL) <u>no later than</u> <u>Monday, March 31, 2025</u>. Please mail all completed documents to:

Haitian Educators Association of Palm Beach, Inc.

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2024-2025 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 <u>Heapb215@gmail.com</u>.

| | Date of Birth: | | | |
|----------------------------|--|---|---|--------------|
| Address: | | City | / : | Zip: |
| Telephone: | E-mail Addres | SS: | | |
| | ACADE | MIC DATA | <u>\</u> | |
| High School: | | (| Community Se | rvice hours: |
| Expected Graduation Date | : | | GI | PA: |
| SAT Score: | (critical reading and math only) | | | |
| ACT Score : | (Reading and | math only) (| CLT Score: | |
| | | | | |
| | RNATIVE CONT | | | |
| Name: | | Re | lationship: | |
| | | Re | lationship: | |
| Name: Address: | | Re Zip: | lationship: Phone: | |
| Name: Address: | State: | Re Zip: | lationship: Phone: _ PLAN | |
| Name: Address: City: | State: FUTURE EDU o or applied to an a | Re Zip: CATIONAL accredited ur | lationship: Phone: _ PLAN hiversity, collec | |

STATEMENT OF FINANCIAL NEED AND FAMILY INFORMATION

Estimated cost per year of college: _____

Are your parent(s) 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

SIGNATURE OF PARENT/GUARDIAN



DATE

DATE