

HALLANDALE SCHOLARSHIP FUND, INC.

SUPPLEMENTAL APPLICATION – SUBMIT PRIOR TO AUGUST 1

PLEASE PRINT CLEARLY OR TYPE

NAME: _____

ADDRESS (Include Apt #, City, State & Zip): _____

_____ PHONE: _____

E-mail: _____

Graduated from _____ High School Date: _____

From what date have you been a Hallandale resident?: _____

Personal History

Parents' Name(s): _____

Previous Grants and/or Loans you have received from **HSF** include the amount(s) of the grant(s) and/or loan(s) and the year(s) received:

College Information

College you attend: _____

Graduation date: _____

Approximate college cost per year (include room & board if needed): \$ _____

College Major: _____

Future Career Goals: _____

College Academic History

Please attach a copy of your college transcript for the current school year only.

List your major activities in College:

ACTIVITY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Write (no more than one typewritten page) a brief (100 word) essay reflecting your goals and aspirations: (use separate sheet if necessary)

REQUIRED: I pledge to contribute to the Hallandale Scholarship Fund, Inc., when I begin my career and am gainfully employed.

Signature _____ Date _____

RETURN TO:
Hallandale Scholarship Fund, Inc.
PO Box 1331
Hallandale Beach, FL 33008
954-454-9070
hallandalescholarshipfund@gmail.com