



Hallandale Scholarship Fund, Inc. 2026

(PRINT CLEARLY OR TYPE)

Name (**First, Last**): _____

Address (include Apt #, City, State & Zip): _____

Phone: _____

E-mail: (**please print legibly**) _____

Graduating from _____ High School – Date: _____

From what date have you been a Hallandale Beach resident? (**month, year**) _____

Personal History

Parents' Name(s), Address, Phone, Email: _____

College Information

Accredited College or University of higher education you plan to attend:

Planned Course of Study:

-----**To be completed by school official**-----

High School Academic History

Weighted GPA: _____

SAT Math Score: _____ SAT Reading Score: _____ ACT Score: _____ CRT _____

Please attach verified school transcript

Student Address Confirmation: _____

Signature (also print name & title) of School Official: _____

Date _____

List your major activities in High School from grades 9 - 12:

ACTIVITY

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

List two (2) teachers who will recommend you for this scholarship:

1. _____
2. _____

Attach a 300 - 600 word essay stating why you want to go to college. Submit your typewritten essay as an attachment.

**COMPLETED APPLICATIONS MUST BE SUBMITTED VIA YOUR
HIGH SCHOOL BRACE ADVISOR **BEFORE APRIL 1.**
*NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED.***