

Give Kids A Chance 150 West Flagler Street Suite 2200 Miami, Florida 33130

Executive Director: Brian J. McDonough

SCHOLARSHIP CRITERIA

Give Kids A Chance is offering scholarship grants in the amount of \$1,250 to high school seniors planning to attend college. The scholarship will be offered to those students graduating from public high schools in the State of Florida. Students who are attending college and who have previously received a grant under this program will also be eligible to apply for additional grants for each year they remain in college and maintain a minimum grade point average of 2.5 on a 4.0 scale (but for no more than 4 years). However, the fact that such applicant may previously have received a grant under this program is no assurance that additional scholarship grants will be provided hereunder.

Requirements for scholarship:

- a. Must have a 2.5 average or above
- b. Must document financial need eligible students must have a family income which is less than 60% of the median income in the area in which they reside
- c. Demonstrate an interest in school and community activities
- d. Application must be received on or before April 30, 2025
- e. Two (2) letters of recommendations are required

Note: An incomplete package will not be considered. Therefore, please respond to each item requested. However, if one or more of the items requested is unavailable to you, note where indicated and this will be taken into consideration.

The following are key dates to note in "tracking" your application.

- Review process continues through April 30, 2025.
- Mail award notifications to student and to high school on or about May 30, 2025
- \$1,250 sent to award recipient (payable jointly to school and recipient) on or about July 31, 2025.

To: Applicant: Fill out the top portion of this form and give it to your registrar for completion. (Please type or print).

Name:		
Last	First	Middle
Address:		
Street & Number	City & State	Zip Code
Home Phone:	EMAIL ADDRESS: _	
Official School Name:		
School Address:		
Street & Number	City& State	Zip Code
School Telephone Number:		
To Registrar: Please complete this secti Scholastic Aptitude Test (SAT) results achievements tests. This form and all supp	or American College Test (ACT) as well as any other
Registrar's Name:		ension
Candidate's Approximate Rank ir	class ofstudents.	
What percentage of the candidate's graduat	ring class plans to attend a four (4) year	ear college?
Note: If no rank is available, please encl assess the candidate's academic strength in		Scholarship Committee to
Sign:	Date:	
Mail this form and documentation to:	Give Kids A Chance c/o Brian McDonough 150 West Flagler Street Suite 2200 Miami, Florida 33130	

THE DEADLINE FOR RECEIPT IS APRIL 30, 2025

	Α.	Name:		
	76,	Last	First	Middle
	В.	Mailing Address:		
			Number & Street	
		Telephone: Area Code	Number	
		Cellular Telephone: Area Code	Number	
		E-Mail Address:		
	C.	Is your native language English?		
		If not, state your native language		
2.	Wha	t is your intended major?		
		<i>y</i>		

3.	State	your college preference		
		1,		
		2		
		3		
4.	Seco	ndary School Education		
	List	below the secondary school attended	:	
	Nam	e	Location	
	Wha	t is your cumulative grade point aver	age?	
	Wha	t is your estimated rank in class?		
			Rank Cla	ass Size

Personal Information: (Please type or print)

1.

PARENTAL INFORMATION

A.	Current marital status of parents:			
	SingleSeparated	1		
	Married Widowed	1		
	Divorced			
B.	The total size of the parent's household during 2025 – 2025 will be			
	Students presently in college Other dependent children			
	Ages of those at home			
	0 – 5 years 6 –10 years 11 –15 years 16 – 18 years			
C.	Parent's Social Security Number(s): Mother:			
	Father:			
D.	Income earned during the past year by parents or guardian.			
E.	E. Social Security Benefits (do not include any education benefits)			
F. Aid to Families with Dependent Children (AFDC or ADC).				
G. Other untaxed income and benefits, i.e., Veteran's Benefits.				
I/We hereby	certify that the above financial information is true and accurate to the best of t			
knowledge.				
Parent Signat	ture(s)			
Printed Name				
Date:	Filing Instructions: Application Deadline – April 30, 2025 Mail Information to: Give Kids a Chance c/o Brian J. McDonough 150 W. Flagler St., Suite 2200 Miami, Florida 33130			

Student Data

1. Involvement

Describe what you consider to be the most important project or activity benefiting your school or community. Define the role you played in the project or activity. Use a separate sheet of paper if necessary.

2. Talent

Describe how you have used your talent or skill for the betterment of your school and community. Cite the contributions related to your major interest are first. (Use a separate sheet of paper, if necessary.)

3. Employment

Have you been involved in outside jobs that have contributed to the support or welfare of your family? Please explain.

4.	Honors
	List all honors, awards, or recognition received. (List the achievements related to your major interest area first.) Use separate sheet, if necessary.
5.	List anticipated scholarship, grants, etc.
6.	List those scholarships for which you have applied.
7	Could to a CO DI ACK AND WHITE DIJOTOS of consult. Will account a low whate-
7.	Send two (2) BLACK AND WHITE PHOTOS of yourself. Will accept color photos.

Essay

In no less than 150 words, write about yourself, your education and carrier goals. How can this award help you to achieve these goals? Why should you receive this award?

Letters of Recommendation

(For Teacher or Community Representative)

Candidate's Name	
	Please Print or Type
Address	
Phone Number	
the application, two (2) letters of recomm	Give Kids A Chance Scholarship. In order to complete tendation are required to assist the Committee in assessing urity, and independence. Forward letters to:
c/o 150 Wes	Give Kids A Chance Brian J. McDonough t Flagler Street, Suite 2200 iami, Florida 33130
This Application is due at the above address	s by April 30, 2025.
Please complete and attach this cover sheet	to your letter of recommendation.
Print Name:	Title:
Signature:	Date:
Subject taught or organization affiliation	
Length of time acquainted with applicant	