Dear Applicant:

The American Muslim Alliance of Florida Inc. will be awarding a total of $15,000 in scholarships to twenty-five students in support of Florida High School Senior students in pursuit of a college education. The top 5 students will each receive a scholarship in the amount of $1000. In addition, 20 students will each receive a scholarship in the amount of $500.

Applicants must meet the following criteria to qualify:

1. The applicant must be graduating from a public, private, or home school within the state of Florida and entering college as a full-time student.

2. Applicants must have a cumulative GPA of at least 3.0, and attach official copies of school transcripts.

3. Applicants must provide two letters of recommendation from teachers of core subjects. Please limit letters of recommendation to one page for each recommendation.

4. Applicants guidance counselor must complete page 2.

5. Applicant must compose and type a one-page, single-spaced essay stating why you should be awarded a scholarship, and why you plan to further your studies at a college or university.

6. Applicants complete and submit page 4.

Scholarship Program is open for students of all faith and race. The winners will not be announced before the Scholarship Award Ceremony.

APPLICATION DEADLINE: All completed applications must be received on or before May 4th, 2020 in the office of AMAF. Applications received or postmarked after this date will not be considered. Send the completed applications to: AMAF, INC., 11694 Sunrise View Lane, Wellington, FL 33449 ATTN: Scholarship Committee.

Thank you for applying with American Muslim Alliance of Florida INC Scholarship.
For Further information, please call

<table>
<thead>
<tr>
<th>President</th>
<th>Director</th>
<th>Director</th>
<th>Director</th>
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<tbody>
<tr>
<td>Mohammed Osman Chowdhury</td>
<td>Shakir Ahmed</td>
<td>Tahsin Nabil</td>
<td>Imran Aziz</td>
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<td>Tel: 561-523-0922</td>
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<td>Ruby Awlad</td>
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<td>Tel: 772-530-2674</td>
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<td>Tel: 954-628-2992</td>
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Note: AMAF, Inc. reserves the right to modify or cancel any aspect of this scholarship program and/or any related information contained in this scholarship program, in each case, without prior notice. AMAF, Inc. shall not be responsible, and specifically disclaims any responsibility, for the consequences of any such modification or cancelation and reserves the right to accept or reject (for any or no reason) any application. AMAF, Inc. has no obligation to grant a scholarship to any applicant, to renew any scholarship once it has been granted or to offer any subsequent award to a previous recipient.
STUDENT SCHOLARSHIP APPLICATION

Complete each item. Please print in black ink only.

THIS SECTION TO BE FILLED OUT BY STUDENT APPLICANTS ONLY

NAME ____________________________
LAST FIRST MIDDLE INITIAL

HOME ADDRESS ____________________________
STREET CITY/STATE ZIP

E-MAIL ADDRESS ____________________________

TELEPHONE NUMBER ____________ ____________
HOME WORK CELL

SS#, optional. ____________ (Last four digit) DATE OF BIRTH ____________

HIGH SCHOOL PRESENTLY ATTENDING ____________________________

Extra Curricular Activities, Honors, Awards, Positions of Leadership: (use additional sheets if necessary)

__________________________________________________________________________

__________________________________________________________________________

College/University you plan to attend ____________________________

Intended Areas of Study ____________________________

STATEMENT OF APPLICANT

The applicant certifies that: I have read and understood the conditions of the AMAF Office Student Scholarship Application.

Applicant’s Signature ____________________________ Date ____________

Parent/Guardian’s Signature ____________________________ Date ____________

FATHER’S NAME ____________________________ MARITAL STATUS ____________________________

OCCUPATION ____________________________ EMPLOYER’S NAME ____________________________

MOTHER’S NAME ____________________________ MARITAL STATUS ____________________________

OCCUPATION ____________________________ EMPLOYER’S NAME ____________________________

NUMBER OF FAMILY MEMBERS ____________________________

INDICATE FIGURE NEAREST TO AMOUNT OF FAMILY GROSS INCOME FOR 2019; INCLUDE ALL SOURCES OF INCOME.

$30,000 TO $40,000 $40,001 TO $50,000

$50,001 TO $60,000 $60,001 TO $85,000

$85,001 TO $110,000 $110,001 AND ABOVE


Visit: www.americanmuslimalliance.org