

## **Naples Interagency Council Scholarship Application**

The goal of Naples Interagency Council Scholarship program is to encourage students to pursue careers in health, social or human services to benefit the citizens of Collier County. Applications should be submitted no later than March 31<sup>st</sup>. Recipients will be notified in April of their status.

**Please note that applicants seeking higher than a Bachelor's degree are not eligible.**

**One Entry Level Award: (High School) \*\***

**One Professional Level Award: (Vocational/Trade/College up to and including a Bachelor's) are eligible. \*\***

**\*\*Subject to availability of funds**

### **Application Requirements**

- 1) Applicant must have a minimum of a high school diploma, GED, or be accepted into a qualified program at the discretion of the board.
- 2) Applicant must have maintained a GPA of 2.0 or higher on all transcripts.
- 3) Applicant must demonstrate active participation/interest in health or related fields and provide a service to the community.
- 4) Applicant must be recommended by someone from a field related to health or any medical association. A Letter of Recommendation must be submitted from that individual.
- 5) Copies of official school transcripts from all high schools, trade/vocational or colleges attended in the last 4 years, which ever applies (high school transcripts from school where diploma was received) \*see note
- 6) Prepare a typed short (maximum 250 words) introduction including your background, education, financial need (Please be specific), community involvement and any other pertinent information that will allow our committee to get to know you.
- 7) Please complete a typed short essay (maximum 250 words) on one of the following topics:
  - How has healthcare positively or negatively, affected you or a family member?
  - How have you responded to the needs of an individual in your community?
  - How has a particular individual, (role model/parent/teacher, etc.,) impacted your journey in life?
- 8) Applicant must be a COLLIER COUNTY resident and have no criminal background. Please include a copy of your Fl. Issued ID or Driver's License.
- 9) Scholarship awards do not renew. You must go through the process each time you chose to apply.

### **INSTRUCTIONS FOR SUBMITTING APPLICATIONS:**

**\*PLEASE TYPE APPLICATION INFORMATION AND SUBMIT THE APPLICATION AND ALL REQUIRED ITEMS FROM THE ABOVE LIST IN TRIPPLICATE!**

**SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

# Of Children: \_\_\_\_\_ Names & Ages of Children: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Years in Position: \_\_\_\_\_

High School Attended: \_\_\_\_\_ State: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Current Relevant Activities \_\_\_\_\_

College Attended: \_\_\_\_\_ State: \_\_\_\_\_ Major: \_\_\_\_\_

Present Educational Institution: \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Credit Hours Define You As: (Circle One) Freshman Sophomore Junior Senior

I authorize release of this application and any supporting information to persons involved in the selection of scholarship recipients.

\_\_\_\_\_ Signature of  
Applicant Date

**PLEASE RETURN THIS APPLICATION AND SUPPORTING DOCUMENTS BY MARCH 31<sup>ST</sup> TO**

**Interagency Scholarship  
C/O Tom Roberts  
1504 Blue Point Ave  
Naples, FL 34102  
(239) 595-8097  
teroberts1@gmail.com**