



**Hillsborough County
Department of Social Services and Community Action Board**

SCHOLARSHIPS AVAILABLE

Achieving a higher education is an important life choice for young people and their families. That is why, through a collaborative effort, Hillsborough County Department of Social Services and Hillsborough County Community Action Board (CAB) are committed to doing our part to help eligible Hillsborough County students reach this milestone by offering up to \$5000 in scholarships.

Scholarship applications for the 2019 school years will be accepted as follow:

- First Time Scholarship Applicants: Thursday, January 3, 2019 through Friday, March 29, 2019

Summary New Scholarship Applicants Requirements

New Scholarship Applicants

- Graduating high school students and GED recipients
- These students must be new CAB Scholarship applicants
- Applications are available for the collegiate / trade school year and must be submitted between Thursday, January 3, 2019 through Friday, March 29, 2019

In addition to the above, essays, organizational involvement, leadership and / or employment experiences, letters of references, required documentation and interviews are also part of the application process. Applications are reviewed and scored by Community Action Board members, volunteers from the community and County staff. Interviews are also conducted for new applicants. Applying for a scholarship and completing an interview do not guarantee awarding of a scholarship.

For more information, please visit <http://www.hillsboroughcounty.org> and type in the search window, CAB Scholarships, or call the Social Services Department at 813.272.6770.



SCHOLARSHIP ANNOUNCEMENTS

Application Submission Deadline / Important Dates to Remember

Step 1: Submission Periods:

- Applications will be available Thursday, January 3, 2019
 - **New Scholarship Applicants:** Applications **must** be submitted between Thursday, January 3, 2019 through March 29, 2019*

Step 2: Face To Face Interview for CSBG Eligibility Determination:

- Once your Scholarship Application has been reviewed and certified as complete, a Department of Social Services Case Manager will contact you by email or phone to schedule a Face to Face interview. The face to face interview is simply another way for us to get to know candidates better.

Important Dates to Remember

Step 3: Selected Finalist Applicants Scholarship Interviews: **

- **Interview Date:** TBD
- **Time:** 10am - 3pm (Candidates must arrive at scheduled interview time)
- **Location:** TBD
- Attire:**
 - Males - Slacks, polo style, long or short sleeve shirt, dress shoes
 - Females - Skirt, slacks, blouse or polo style shirt, dress shoes

Step 4: Scholarship Award Ceremony and College Workshop:

- **Date:** TBD
- **Time:** 5pm - 7pm
- **Locations:** TBD
- Attire:**
 - Males - Slacks, dress shoes, polo style, long or short sleeve shirt
 - Females - Skirt, slacks, dress shoes, blouse or polo style shirt

**Face to Face interviews are a requirement of the selection process.

**All applications must be submitted by the due date. No exceptions.



**Hillsborough County
Department of Social Services and Community Action Board**

SCHOLARSHIPS AVAILABLE:

The Hillsborough County Department of Social Services, Community Action Board (CAB) are accepting scholarship applications for the 2019-2020 school year, beginning Friday, January 3, 2019. **New Scholarship Applicants** must submit their applications between **1/03/19 through 03/29/2019**. Achieving a higher education is an important life choice for young people and their families. The CAB is offering scholarships up to \$5,000 to students who meet the eligibility requirements.

AUTHORITY: Community Action Board

Hillsborough County Department of Social Services and Community Action Board provides an opportunity for residents to achieve self-sufficiency through education. The Department of Social Services and CAB awards annual scholarships up to \$5,000 to individual Hillsborough County residents that are graduating high school seniors or currently enrolled in a 2 or 4 year college or university or a vocational program, or have plans to attend a 2 or 4 year college or university or a vocational school in the Fall 2019. Colleges, Universities and Vocational Institutes, must have current accreditation through SACS (Southern Association of College and Schools). This scholarship initiative was developed to provide financial support to assist individuals from the communities served by the CAB, providing an opportunity to attain their educational goals. The scholarship is open to individuals between the ages of 16 through 24.

ELIGIBILITY REQUIREMENTS:

Any person ages 16 through 24 years old, who is a senior in High School, has obtained a High School diploma or a GED equivalent and who is a resident of **Hillsborough County** may apply. Recipient agrees to complete a brief survey in order to provide feedback on their scholarship and college experience

Applicant's family income must fall within 125% of the 2018 Federal Poverty Guidelines established for the Community Service Block Grant (CSBG) mandated requirements. (See below).

- If the student's family household income meets the income limits of 125% and below, you may proceed to complete the application.

People in the Household	Income May Not Exceed
1	\$15,175
2	\$20,575
3	\$25,975
4	\$31,375
5	\$36,775
6	\$42,175
7	\$47,575
8	\$52,975

- Household incomes not meeting the income limits above are not eligible to apply for this scholarship.

Income guidelines are subject to change based on the Health and Human Services Florida Poverty Guidelines

CRITERIA FOR SELECTION:

Community Service and School Involvement: If applicable, the amount of community service hours completed and any special awards and honors received will be considered. For any community service hours, the applicant will submit a list of references and a short description of the service he/she has rendered to the community.

Application: Additional letters of recommendation from the principal, assistant principal, guidance counselor, teacher, academic advisor, college professor or dean will be considered.

Academic Record: Eligible applicants must have a minimum GPA of a 2.5.

Essay Statement: Eligible applicants must address all essay question listed on page (4) four.

Scholarship Applicant Finalist Interview: Eligible applicants, will be required to participate in a panel interview.

CONDITIONS OF AWARD:

This scholarship up to the amount of \$5,000 requires the student to present the application to the Hillsborough County Community Resource Center.

PUBLIC ANNOUNCEMENT & RECRUITMENT PROCESS:

The Scholarship Program will be widely publicized through the media, area schools, community resource centers, local churches, and other community organizations.

FORFEITURE OF SCHOLARSHIP:

If a student does not enter the educational institution within the institutions official drop add period for the Fall semester, the scholarship award amount will be returned to the CAB's Community Service Block Grant (CSBG) Scholarship Fund, and another recipient will be selected, unless the student has completed enrollment in a substitute educational institution. If a student chooses to enroll in a different educational institution, Hillsborough County Social Services Department must be notified via email at: JohnsonNL@HCFLGov.net. Notification must be received within 10 days of acceptance by the new institution. **Proof of enrollment from the new institution for the Fall 2019 semester must be provided before the scholarship check can be mailed to the new institution.**

SUBSTITUTE EDUCATIONAL INSTITUTION ENROLLMENT:

If a student does not complete enrollment in the primary institution of choice but does complete enrollment in a different educational institution and the scholarship is returned to Advisory Committee and CAB's Community Service Block Grant (CSBG) Scholarship Fund, funds will be redirected to the institution where the student has completed enrollment.

Children of the Community Action Board members will be allowed to apply for a scholarship, but the member will be excluded from the candidate selection process.

Incomplete applications will not be considered. All areas and forms included in this packet must be completed. If a question does not apply, please enter N/A in the space.

Scholarship Essay Requirements

- Attach a full **two (2)** page typed essay. No more than two (2) pages.
- The essay should be double space with a 1inch margin on all sides and typed in 12 point standard font (Arial or Times New Roman)
- The essay should address each of the following questions:
 - a) Why should you be selected for the award?
 - b) What are your academic strengths and weaknesses?
 - c) What are your career goals?
 - d) What extenuating circumstances might prevent you from entering college?
 - e) How do you plan to fund your post-secondary education beyond this scholarship?

CAB Scholarship Application Submission Checklist

- ✓ Scholarship application General/High School/college information
- ✓ Recommendation form and proof of college enrollment or acceptance letter for Fall 2019
- ✓ Two full page typed Essay
- ✓ Official school transcript for all APPLICANTS.
- ✓ Photo/Talent Release
- ✓ **(If mailing please send to PO Box 1110 Dept. of Social Services 24th Floor. Tampa, FL 33601) (If faxing transcripts must be sent directly from school administration/registrar to (813) 276-8593).**

Applicants may drop off Completed Scholarship Applications at any of our Centers below:

Lee Davis CRC	3402 N. 22 nd St., Tampa, FL	(813) 272-5220
Plant City CRC	307 N. Michigan Ave., Plant City, FL	(813) 757-3871
South Shore CRC	201 14 th Ave. S.E., Ruskin, FL	(813) 671-7647
West Tampa CRC	2103 N. Rome Ave., Tampa, FL	(813) 272-5074
University CRC	13605 N. 22 nd Street, Tampa, FL	(813) 975-2153

No applications will be accepted after the deadline. No exceptions.

IMPORTANT PLEASE NOTE – Who fills out the Scholarship Application

Does anyone in the household claim you as a dependent for income tax purposes?
If yes, the Scholarship applicant must be completed by the person who claims you:

If no one claims you as dependent for income tax purposes, the scholarship applicant must complete the application.

GENERAL INFORMATION:

Application number: _____

Office use only

First Name: _____ Last Name: _____
 Street Address: _____ City: _____ State _____ Zip Code: _____
 Phone Number _____ Alternate Phone Number: _____ Email Address: _____
 Social Security #: _____ Date of Birth: _____

How did you hear about the scholarship? Please circle one: CAB board member, website, newspaper, radio, school guidance counselor, other _____

Classification during the Fall 2018 semester:

Incoming Freshman Continuing College Student: (Freshman, Sophomore, Junior).

Name of institution you will attend in the Fall 2019: _____

Declared or anticipated major: _____

Secondary or minor area(s) of study: _____

Career choice: _____

Expected enrollment status for 2019-2020: Full time (12 credit hours or more) Part time

High School Information : (Complete only if you are a High School senior or entering college as a freshman in the Fall.

High School: _____

High School Address: _____

High School GPA: _____ ACT Score (if available): _____ SAT Score (if available): _____

Date of High School Graduation: _____ Month/Year

Additional information for the following may be listed on a separate sheet of paper:

(1) List school/church/community activities in which you have participated (include leadership roles).

Activity	Indicate Number of Month(s) / Year(s) of Membership	List Officer Status (If Applicable)	Indicate Number of Month(s) / Year(s) as an Officer

(2) Indicate any honors or special recognitions you have received in high school.

Honors / Special Recognition	Reason for Honors / Special Recognition	Year Received

(3) If applicable, list all employers, positions and years of employment for jobs you had to work during high school.

Employer	Position / Responsibility	Year

COLLEGE INFORMATION: (Complete only if you are a Continuing College Student)

Name of College/University: _____

College GPA: _____ Total number of college credits completed: _____

Additional information for the following may be listed on a separate sheet of paper:

(1) List College/University/Community activities in which you have participated (include leadership roles).

Activity	Indicate Number of Month(s) / Year(s) of Membership	List Officer Status (If Applicable)	Indicate Number of Month(s) / Year(s) as an Officer

(2) Indicate any honors or special recognition you have received in college.

Honors / Special Recognition	Reason for Honors / Special Recognition	Year Received

(3) If applicable, list all employers, positions and years held of jobs you had to work as a college student.

Employer	Position / Responsibility	Year

Incomplete applications will not be considered. All areas and forms included in this packet must be completed. If a question does not apply, please enter N/A in the space.



Recommendation Form

This form is to be completed by the applicant’s high school principal, assistant principal, guidance counselor, teacher, academic advisor, college professor, dean, supervisor, manager, mentor or faith-based advocate. One recommendation form is mandatory to apply for the scholarship. Additional recommendations are encouraged. Letters are welcomed.

Applicant’s first name: _____ Applicant’s last name: _____

Name of High School/College or University: _____

Name and title of person completing this form: _____

Capacity in which you know the student: _____

Number of months/years you have known the student: 0-1 year 1-2 year 2-3 years 4 or more

Please rate the applicant on the qualities listed below using the following numeric scale:

5 – Excellent 4 – Good 3 – Average 2 – Fair 1 – Poor

Academic Promise		Attitude	
Initiative		Respect	
Career Goals		Self-Discipline	
Responsibility		Perseverance	

Additional comments:

Signature: _____ Date: _____

Title: _____ Phone: _____

Email: _____

Face to Face Interview CHECKLIST:

All requirements listed below **MUST** be provided at the time of your scheduled face to face interview. Additional documents may be required.

Identification One (1) form for EACH member of household. Acceptable Documents: Adults 18 and above

- Current (*non-expired*) Driver's license or State ID; Immigration verification (green card); Military Photo ID; VA Identification card with DD214; passport; Certificate of Naturalization

Minors 17 and under: Exemption: no ID required for newborns within first 60 days of birth, if not available

- Current (non-expired) Driver's License or State ID; Immigration verification (green card); Birth certificate; Immunization records, with government seal or letterhead; passport; Certificate of Naturalization

Verification of citizenship or residency status (One (1) form for EACH member of household)

- Acceptable Documents** - U.S. Passport; Consular Report of Birth Abroad (Form N600 or replacement N565); Certificate of Naturalization (Form N-550 or Form N-570); I-551 Permanent Resident "Green Card"; if the card does not have an expiration date, it must have I-551 on the back in the bottom right corner to be valid; I-94 Refugee Status granted indefinitely; I-94 Asylum Status granted indefinitely; and/or I-94 stamped "Temporary I-551 Evidencing Permanent Residency"

Social Security Number Verification (One (1) form for EACH member of household with Full Name & SS

#) Exemption: no SS required for newborns within first 60 days of birth, If not available Acceptable Documents:

- U.S. Social Security Administration (SS card); or official **STAMPED** document from: Florida Department of Children and Families; U.S. Department of Veteran's Affairs; U.S. Internal Revenue Service; official school documentation (i.e. transcripts)

Two (2) separate verifications of Hillsborough County residency with physical address at least one at current address:

- Driver's license or state ID; Current lease agreement; Mortgage Statement; Homestead Exemption Documentation; Verification of Home Ownership; Rent receipt listing: date, property address, landlord's name and contact information (excluding motel, hotel, or extended stay receipts); Public utility (water, gas or electric) bill *NO Counter Bills; Vehicle registration; Voter registration card; Verification of child school enrollment; Recent historical record of residence documented through a County department or other social service agency's case record; Canceled mail (envelope) from a federal, state, or county agency; and/or Declaration of Domicile recorded **STAMPED** with the Clerk of the Circuit Court of Hillsborough County

Verification of income (Gross income for ALL household members for the past 30 Days, from date of application Acceptable Documents

- Employment pay statement; award letters or print out for: SSA benefit; Unemployment; Temporary Assistance for Needy Families (TANF); Affidavit of Support, Child Support, Alimony, Workman's Compensation, Pension/Retirement/Cost of living allowance; Strike Benefits from Union Funds; Foster Independent Living Programs payments; Annuity/Insurance; Education Assistance (allotted for living expenses); Long term/Short Term Benefits; Rental income receipts or statements; Bank Statement (eBay, PayPal, and cash deposits only); Crimes Compensation letter; Other income (**If applicable: Employment Verification form; Certificate of Relative/ Friend Financial Assistance form; Letter on letterhead from last employer with dates and gross wages**) For non-verifiable income (**Self-Employment: Odd jobs or paid in cash, Cash from a relative or friend, or No income**): Self-Declaration form

Verification of Resources, Acceptable Documents (if applicable):

- Current award letter for: Food Stamps; Section 8/HUD/THA



I, _____, hereby irrevocably consent to and authorize the use and reproduction by Hillsborough County, its employees, agents, heirs and assigns of any and all purpose whatsoever. I further understand that by giving consent, I relinquish the right to compensation for any use of reproduction whatsoever of my personal image. All physical tapes, disks, photos, and negatives as well as all digital audio, video, media, and photographic files in their raw or final version states, shall be deemed the sole and complete property of Hillsborough County.

Talent/Name: _____

Address: _____ City, State: _____ Zip: _____

Phone: _____ Email: _____

Signature of Talent: _____

Date: _____

IF THIS RELEASE IS BEING SIGNED BY A PERSON LESS THAN EIGHTEEN (18) YEARS OF AGE,
THE FOLLOWING MUST BE COMPLETED BY A PARENT/LEGAL GUARDIAN.

The undersigned is the parent/legal guardian of the above-mentioned minor and is entitled to the sole care, custody and control of said minor.

I understand that by placing my signature on the line below I am legally consenting to the execution of this release by the aforementioned minor, that I am familiar with all the terms contained therein and that the minor shall fully and completely comply with all terms of the release. I further represent, agree and guarantee that I will not revoke or cancel such consent during the minority of the minor.

Signature of Parent and/or Guardian: _____

Date: _____

Witnessed by: _____



Social Services Department

SOCIAL SERVICES DEPARTMENT
CASE SETUP/ECONOMIC UNIT ASSESSMENT

List all household members on the application regardless of household composition. For households with multiple customers 18 years and older, complete the assessment below to determine household composition and economic units required for eligibility determination.

CASE SETUP

1. Are you legally married to anyone in the household? YES NO

Spouse's name: _____

2. Do you have mutual children with anyone in the household? YES NO

Co-Parent's name: _____

3. Do you file joint income tax returns with anyone in the household? YES NO

Name: _____

4. Does anyone in the household claim you as a dependent or do you claim anyone in the household as a dependent for income tax purposes? YES NO

List name(s): _____

If yes is selected for ANY questions 1-4 - Case Setup must include all adults referenced in the answer as part of the active household composition (DO NOT LIST AS ASSOCIATES)
If no is selected for ALL questions 1-4 - Case Setup must include all individuals on the application, referenced in the answers, as part of the household composition as ASSOCIATES.

*Questions 5 and 6 are required for GA and CSBG cases only

ECONOMIC UNIT ASSESSMENT

5. Do you share living expenses with other members in the household? YES NO

List Name(s): _____

6. If yes, do you want Social Services Department to consider these household members as part of your economic unit? YES NO

If yes is selected for BOTH questions 5 and 6, individuals referenced in the answers will be considered as part of the economic unit and all requirements for assistance must be verified and will be considered in eligibility determination.

Print Name _____

Signature _____

Date _____

**HILLSBOROUGH COUNTY SOCIAL SERVICES
SELF DECLARATION OF INCOME**

Case Name _____

Case Number _____

This form is to be completed and signed by **each** household members 18 years old and older claiming **UNDOCUMENTED** or **ZERO** income for any period in the last 30 days.

Your relationship to the applicant: _____

Please select all that apply to you:

Employment Wages (paid to you in cash)	Amount:	\$ _____
Child Support (paid to you in cash)	Amount:	\$ _____
Relative or friend assistance (paid to you in cash)	Amount:	\$ _____
No income	Amount:	\$ _____

Comments:

Declaration:

I, _____, state that I had \$_____ income
from the sources listed above during the period from _____ to
_____.

I certify the information listed above is complete and accurate to the best of my knowledge. I understand withholding information or giving false information may result in denial of services.

Customer Signature _____

Date: _____