



PO Box 352047-Palm Coast, FL 32135

Email address: [info@paesfl.org](mailto:info@paesfl.org)  
Website: [www.paesfl.org](http://www.paesfl.org)

## Inspiring Young Minds Educating Tomorrow's Leaders

### SCHOLARSHIP APPLICATION ELIGIBILITY

- a) Academic  or
- b) Cultural

### APPLICATION DEADLINE: August 17, 2018

(Application will not be considered unless all items on page three (3) checklist are attached)

### APPLICANT

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_ email: \_\_\_\_\_

Date of birth \_\_\_\_\_ place of birth, (city, state & country) \_\_\_\_\_ sex: \_\_\_\_\_

Citizenship Status:  U.S. Citizen  
 U.S. Permanent Resident

Is a Language other than English spoken at home?  Yes  No  
If yes, please specify: \_\_\_\_\_

### PARENT'S INFORMATION

Parent's full name and place of birth (town, state and country) \_\_\_\_\_

Telephone \_\_\_\_\_ email: \_\_\_\_\_

Grandparent birthplace \_\_\_\_\_

### CURRENT HIGH SCHOOL/COLLEGE/UNIVERSITY



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School Name

City \_\_\_\_\_ State \_\_\_\_\_

Academic year & major \_\_\_\_\_ Estimated Graduation Date \_\_\_\_\_

**COLLEGE/UNIVERSITY/INFORMATION**

Name the college or university you are registered to attend in the fall and spring semesters. **Use official school names. Do not use abbreviations.**

School Name and complete address (for student accounts)

\_\_\_\_\_ **Student ID#** \_\_\_\_\_

**COMMUNITY SERVICE AND EXTRACURRICULAR SCHOOL ACTIVITIES**

List all **school** activities in which you have participated in the past four years (e.g. student government, music, sports, etc.). List all **community** activities in which you have participated without pay for the past four years (e.g. Boy/Girl Scouts, hospital volunteer, Senior Center, food drive, animal shelter, Special Olympics). Be sure to note any special awards and honors received, and any title or office held.

Activity	Description	No. of yrs. participated

**RECOGNITIONS**

Briefly elaborate on the activity you have found to be the most meaningful to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Awards/Honors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESSAY REQUIREMENT:** Who is a Portuguese figure or role model that most inspires you?  
An essay with no less than 300 words, must be included with this application.



## ATTACHMENTS

Along with a printed, signed and dated application, the applicant must submit a number of documents to ensure that a fair and unbiased evaluation is made. The student is responsible for submitting all materials on time, to the Portuguese American Educational Society of Palm Coast, Inc. This application for a scholarship becomes complete and valid only when P.A.E.S. receives all the following items:

1. Two (2) recent letters of recommendation addressed to PAES from either of the following sources: guidance counselor, teacher, principal, coaches, ministers or community business leader. These letters should address your character, academic and or community promise and achievements.
2. Your most recent official high school or university official transcripts including grading scale and all available SAT scores.
3. Essay as requested, with attached proof of Portuguese Ancestry (omit if previously submitted).
4. A recent photo of applicant, suitable for printing.
5. Proof of service hours performed at P.A.C.C. of Palm Coast.

## ELIGIBILITY REQUIREMENTS FOR ACADEMIC SCHOLARSHIP

1. Applicant must be a Florida resident and a US citizen or permanent resident.
2. Proof of Portuguese Ancestry, from at least one parent, grandparent or great-grandparent. (omit if previously submitted)
3. Applicant must be a registered **full time** student, with a **minimum 12 credit course load per semester** at an accredited College or University; and the maximum number of scholarships awarded to an undergraduate student is four (4).
4. Undergraduate students must carry a minimum cumulative **3.0 GPA** at time of application submittal. For newly enrolled college students, SAT scores and high school transcripts will be evaluated.
5. Applicant currently enrolled in **graduate school for a master's or doctorate degree** may apply for scholarship; and the maximum number of scholarships awarded to a graduate student is two (2).
6. Applicant must perform 10 hours of service to the Portuguese American Cultural Center of Palm Coast, and be available to work on the day of ceremony, October 13<sup>th</sup>, 2018. This requirement must be completed before December 31<sup>st</sup>, of the current year. Award is contingent on fulfillment of this requirement. Service hours form shall be signed by the organization director or Scholarship Committee Chairperson.
7. Attendance at Scholarship Ceremony is required.

## ELIGIBILITY REQUIREMENTS FOR A CULTURAL SCHOLARSHIP

1. Applicant must be a Florida resident and a US citizen or permanent resident.
2. Proof of Portuguese Ancestry, from at least one parent, grandparent or great-grandparent. (omit if previously submitted)
8. Applicant must be a registered student at an accredited College or University; and the maximum number of scholarships awarded to the student is four (4).
3. Student must have a substantial and active involvement in the Portuguese American Cultural Center of Palm Coast, and be available to work on the day of ceremony, **October 13th, 2018**.
4. Attendance at Scholarship Ceremony is required.
5. Award is contingent on fulfillment of these requirements.

The Portuguese American Educational Society of Palm Coast, Inc., Scholarships are awarded to qualifying students who demonstrate an eagerness to succeed in their chosen fields and are proud of their heritage, and believes it is never too late for Portuguese Americans to connect to the rich cultural heritage of their parents, grandparents, or greatgrandparents.

**DEADLINE: Mail the above attachments with your application, by August 17, 2018 to:  
Portuguese American Educational Society of Palm Coast, Inc. PO Box 352047, Palm Coast, FL 32135 Attn:  
Scholarship Committee**

I acknowledge decisions of the Portuguese American Educational Society of Palm Coast, Inc. are final. I certify that I meet the basic eligibility requirements of the program as described in this application and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given in this application.



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\_\_\_\_\_  
 Applicant Signature Date  
SERVICE HOURS RECORD

Parent Signature Date

NAME: \_\_\_\_\_

Date	No. of hours	Duties	Event
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1. _____
2. _____
3. _____

\_\_\_\_\_  
 Signature and title of Organization Director date  
 Tel. # \_\_\_\_\_

\_\_\_\_\_  
 Signature and title of Organization Director date  
 Tel. # \_\_\_\_\_

\_\_\_\_\_  
 Signature and title of Organization Director date  
 Tel. # \_\_\_\_\_