AMERICAN MUSLIM ALLIANCE OF FLORIDA INC.
11694 Sunrise View Lane, Wellington, Florida 33449
561-619-5388, Cell: 561-523-0922
mchowdhury@americanmuslimalliance.org

Dear Applicant:

The American Muslim Alliance of Florida Inc. will be awarding a total of $20,000 in scholarships to thirty students in support of Florida high school senior students in pursuit of a college education. The top 10 students will each receive a scholarship in the amount of $1,000. 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. Applicant must have a cumulative GPA of at least 3.0 and attach official copies of school transcripts.

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

4. Applicant's 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. Applicant completes and submits page 4.

7. Online application are not accepted.

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 5th, 2027 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 contact:

President Mohammed Osman Chowdhury Tel: 561-523-0922	Director Shamim Razin Tel:772-530-2674	Director Imran Aziz Tel: 561-767-6048
Director Jamal Uddin 561-351-7891	Director Ruby Awlad Tel: 954-628-2992	

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 employment or an internship to any applicant.

AMAF FLORIDA
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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 2025 or 2027, INCLUDE ALL SOURCES OF INCOME.

_____$30,000 TO $ 40,000_____$60,001 TO 85,000_____$40,001 TO $50,000
_____$85,00 TO 110,000_____$50,001 TO $60,000_____$110,001 AND ABOVE

MAILING ADDRESS: THE SCHOLARSHIP SELECTION COMMITTEE, AMAF Office: 11694 SUNRISE VIEW LANE, WELLINGTON, FLORIDA, 33449 (NOTE: LASTDAY OF MAILING – May 05, 2026)

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COUNSELOR(S) STATEMENT

I,_____, certify that_____

is a candidate for graduation of_____, and has a current GPA of_____

SAT score of_____and/or ACT score of _____

Additional Comments:

Counselor's Signature: _____

In the name of Allah, the beneficent, the merciful
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Time and Location for the Graduation Dinner & Scholarship Award Ceremony

7:00 PM, JUNE 5th, 2026

South County Civic Center

16700 Jog Road, Delray Beach,

Florida-33463

Telephone : (561) 495 – 9813

(Optional)

Are you attending this Ceremony: Yes No

Number of participants for this Dinner: 1 2 3 4 5

Signature : _____

Please return this form with the application.