

CHRISTOPHER AGUIRRE MEMORIAL SCHOLARSHIP

FOR WELLINGTON HIGH SCHOOL SENIORS PURSUING
FOUR YEAR DEGREE AT
FLORIDA STATE UNIVERSITY



Christopher Aguirre Memorial Foundation



Christopher Aguirre Memorial Scholarship

The Christopher Aguirre Memorial Scholarship is awarded to a graduating Wellington Community High School Senior pursuing a four-year degree at Florida State University.

Applicants will be considered for the four-year award based on the following criteria: Academic competency, letter of recommendation, personal essay, financial need, acceptance into Florida State University and continued academic success at the collegiate level.

Applications for the Memorial Scholarship are available in the Wellington Community High School Guidance office or can be downloaded on our website www.christophermemorial.org

Completed applications can be submitted to WCHS Guidance office or mailed to the Christopher Aguirre Memorial Foundation
PO Box 211627 West Palm Beach, Florida 33421

All applications must be postmarked by Friday, May 5, 2017. Each member of the Christopher Aguirre Memorial Foundation Board of Directors will review all applications. Interviews will be conducted with potential recipients if necessary. Winners will be awarded at the Wellington Community High School May Award Ceremony.

The scholarship is awarded in 4 parts of \$2,500 for a total value of \$10,000. We would like to continue to acknowledge the scholarship recipient to continued reward for collegiate success. Prior to each fall term, the recipient is required to send transcripts to the Foundation to show success in college of at least a 2.75 GPA.

If the recipient goes below this level, a probationary semester will be given to show improvement. If improvement is not displayed, as defined by the Christopher Aguirre Memorial Foundation Board of Directors, then the remainder of the award will be forfeited.



Christopher Aguirre Memorial Scholarship

Criteria for Consideration:

- Senior attending Wellington Community High School
- Pursuing a 4 year degree at Florida State University
- Completed Scholarship Application
- Copy of acceptance letter from Florida State University
- Copy of parents or guardian's completed Income Tax Return from prior or current year
- (IRS 1040) is required)
- Minimum of 2.75 GPA
- Official Transcript from Wellington High School
- Letter of Recommendation from Teacher/Counselor/Coach
- Essay describing why you are the best recipient for the award

Application must be postmarked by Friday, May 5, 2017. Scholarship award amount is \$10,000.

\$2,500 will be paid to the recipient at the beginning of each fall semester at Florida State

University for 4 years.



APPLICANT INFORMATION

Name Last _____ First _____ Middle Initial _____

Permanent Address Street _____

City _____ State _____ Zip Code _____

Birthdate _____ Phone Number (____) _____

PARENT(S)/GUARDIANS INFORMATION

NAME _____

OCCUPATION _____

LEVEL OF EDUCATION _____

PHONE NUMBER _____

ACADEMIC INFORMATION

GPA: _____

High School Rank: _____ out of _____

SAT/ACT Scores: _____

Anticipated FSU major(s): _____



ACTIVITIES AND INTERESTS

A. List and briefly describe your high school extracurricular activities (e.g. memberships in organizations, sports, etc.):

Organization Involved	Position Held	Date of Involvement

Brief description of your responsibilities:

B. List and briefly describe volunteer activities in which you have been involved:

Organization	Activity	Date of Involvement

Brief description of how you participated:

C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date



D. List and briefly describe any work experience:

Position	Employer	Dates of Employment

Brief description of your work responsibilities:



APPLICATION CHECKLIST

- Completed Application
- Official Wellington High School Transcripts
- Copy of acceptance letter from Florida State University
- IRS Form 1040
- Letter of recommendation
- Essay

CERTIFICATION AND SIGNATURE

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes property of the Christopher Aguirre Memorial Foundation and its partners.

Applicant Signature _____ Date _____

Printed Name of Applicant _____

Parent/Guardian Signature _____ Date _____

Printed Name of Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

Printed Name of Parent/Guardian _____