

## **Scholarship Guidelines**

ın oraei	to qualify for the 2022-23 DeBartolo Family Foundation Scholarship, all applicants MUS1:
	Be a current high school senior, Class of 2023, in Florida's Hillsborough, Pasco, Pinellas or Polk
	counties.
	Have plans to continue his or her education at a University, Community College or Technical
	School starting in summer or fall of 2023.
	Checklist for Submission
	Completed and signed DeBartolo Family Foundation Scholarship Application.
	Principal, Vice Principal or Guidance Counselor Signature or completed form directly emailed.
	Maximum 250 word essay, summarizing personal and academic achievements.
	Page 1 of applicant's parent or legal guardian's Federal Income Tax Returns from the
	previous <b>TWO</b> years. Please <b>DO NOT</b> send applicant's W-2 forms, as these are not a
	representation of overall household income. If your parent or legal guardian has no income,
	please supply proof of benefits in lieu of tax returns. (social security numbers can be
	blacked out)
	Mail <b>COMPLETED</b> scholarship application including essay and required parental/legal
	guardian tax information postmarked by April 3, 2023 to: DeBartolo Family Foundation, Attn:
	Judy Bragdon, 3820 Northdale Blvd., Suite 100B, Tampa, FL 33624. Incomplete applications
	will not be considered!
	PLEASE DO NOT send applicants photos, awards, grades, transcripts, additional references or
	letters of recommendation. These items will be discarded and will have no impact on scholarship
	recipients.

#### **Decisions**

All final scholarship authority resides with the Board of Directors of the DeBartolo Family Foundation. Applicants will be notified by mail with the status of their application.



# Scholarship Application: For current high school seniors, Class of 2023, in Florida's Hillsborough, Pasco, Pinellas or Polk counties attending college in Fall of 2023 as a first time

**college student.** Please type or print. All portions of this application must be completed.

Applicant Name First:	Mid	dle:	Last:		
Address:	0	Lity:	State:	Zip:	
Telephone: ()	Birth d	ate:	SS #:		
Cell Phone: (	Email:	;			
High School Attended:		Start Date:	Diploma da	nte:	
School Address:		_ City:	State:	Zip:	
Student's employment history:	Date you plan to enter college: Anticipated Graduation GPA:  Student's employment history:				
What other scholarships have you received, amount. (Indicate if it is a one-time scholars	expect to receive	or have applied for? Please separate sheet if necess	ase list all awards a ary)		
		\$		\$	
- <del></del>		\$	_		
				\$	
		\$		\$ \$	
		\$ monies received to d			
				\$	
Total	scholarship r		ate Planning to A	\$ \$ ttend?	

#### **FAMILY INFORMATION**

Address:	Name of parent(s) or guardian:		
Telephone: (	Address:	City:	State: Zip:
Father's Employer:	Address if different from Applicant		
Position/Title: Cell Phone: (	Telephone: ()		
Email:	Father's Employer:		_ Work Phone: (
Address:	Position/Title:		Cell Phone: ()
Mother's Employer:	Email:		
Position/Title: Cell Phone: ( Address: City: State: Zip: Email:   Total household annual income: \$ Please attach page 1 of your parent or guardian's Federal Income Tax Returns from the previous TWO years. Application WILL NOT be considered without this information.  College Plans Indicate below the college(s) you would like to attend or have applied to in the order in which you hope to attend:	Address:	City:	State: Zip:
Address:	Mother's Employer:		Work Phone: ()
Email:  Total household annual income: \$  Please attach page 1 of your parent or guardian's Federal Income Tax Returns from the previous TWO years. Application WILL NOT be considered without this information.  College Plans Indicate below the college(s) you would like to attend or have applied to in the order in which you hope to attend:  Colleges: Accepted Yes/No	Position/Title:		Cell Phone: ()
Please attach page 1 of your parent or guardian's Federal Income Tax Returns from the previous TWO years. Application WILL NOT be considered without this information.  COLLEGE PLANS Indicate below the college(s) you would like to attend or have applied to in the order in which you hope to attend:  Colleges:  Accepted Yes/No  Course of study you plan to follow (show first and second choices):  1	Address:	City:	State: Zip:
Please attach page 1 of your parent or guardian's Federal Income Tax Returns from the previous TWO years. Application WILL NOT be considered without this information.  COLLEGE PLANS Indicate below the college(s) you would like to attend or have applied to in the order in which you hope to attend:  Colleges:  Accepted Yes/No  Course of study you plan to follow (show first and second choices):  1	Email:		
Please attach page 1 of your parent or guardian's Federal Income Tax Returns from the previous TWO years. Application WILL NOT be considered without this information.  COLLEGE PLANS  Indicate below the college(s) you would like to attend or have applied to in the order in which you hope to attend:  Colleges:  Accepted Yes/No  Course of study you plan to follow (show first and second choices):  1	Total household annual income: \$		
College Plans  Indicate below the college(s) you would like to attend or have applied to in the order in which you hope to attend:  Colleges:  Accepted Yes/No  Course of study you plan to follow (show first and second choices):  1.	Please attach page 1 of your pare	ent or guardian's <u>Federal</u>	Income Tax Returns from the previous
Indicate below the college(s) you would like to attend or have applied to in the order in which you hope to attend:  Colleges:  Accepted Yes/No  Course of study you plan to follow (show first and second choices):  1	······································		
Course of study you plan to follow (show first and second choices):  1	Indicate below the college(s) you would lik	Accepted	· ·
1			
2	1.		

## **ESSAY**

ERTIFICATION  certify that I am a U.S. citizen or lawfunior in good standing. All requested to			
rrect to the best of my knowledge.			
pplicant Signature	 	 	

# REFERENCES: This part is to be completed by your current School Counselor. This part should be completed only after you have completed the entire application and should be included with your application or emailed by your counselor or principal. Applicant/Student's Name:

High School				
Address		City	State	Zip
Student GPA	_			
Student ranks	in a graduating class ofs	students.		
Does this student portra	y good character, school citizenship,	development, conduc	et and leadership?	
	Yes			
	No			
Did applicant receive ar	ny special recognition for school activ	vities? If so, please ex	xplain.	
Anything additional you	ı feel would qualify this student for so		ion?	
	ation contained herein is correct to the		ge. I also certify that	t the data related to
•	•		Application C	<u>hecklist</u>
PRINT NAME		Completed Appli	cation, Signed by Student	and/or Guardian (Pages 1- 3)
		Guidance Counse	elor Signature (Page 4)	
Title		Copy of Federal	Income Tax Return (Page	1 of Tax Form) from the last <u>TWO</u> years.
		Completed Essay		
EMAIL ADDRESS / PI	HONE	PLEASE D	O NOT SEND TRA	NSCRIPTS OR GRADES

Application & all required attachments must be postmarked TOGETHER by: April 3, 2023 to:

DeBartolo Family Foundation Attn: Judy Bragdon 3820 Northdale Blvd., Suite 100B Tampa, FL 33624 813-676-9280