

**LifeNet4Families  
Allison & Andy Cagnetta  
Scholarship Application**

**TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES**

*Completeness and neatness ensure your application will be reviewed properly.*

**Application postmark deadline May 31, 2019**

**For Administrative  
Purposes Only**

GPA	VH	SE	TRL	HVL	TRAN

**APPLICANT**

**INFORMATION** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address\* \_\_\_\_\_ Apartment/Room # \_\_\_\_\_

**\*You must be homeless as defined by the Federal McKinney-Veto Homeless Assistance Act.**

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Country of Birth \_\_\_\_\_

Are you a born U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, are you a naturalized U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate your status. (Required)  Male  Female

American Indian/Alaska Native  Black/African American  Multi-Racial  White

Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander

**PARENT  
OR GUARDIAN  
INFORMATION**

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

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**HIGH  
SCHOOL  
INFORMATION**

School Name\* \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
**\*Must be enrolled in a Broward County Public School (BCPS) and be a High School Senior.**

City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**POST  
SECONDARY  
SCHOOL  
INFORMATION**

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied)  
**Use Official school names. Do not use abbreviations**

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

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

4 yr. College or University (Full time)  2 yr. Community or Junior College (Full time)

Vocational-Technical School (Full time)  Other, explain \_\_\_\_\_

Major or Course of Study \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree Sought:  Bachelor  Associate  Certificate  Other \_\_\_\_\_

Student will:  live on campus  live off campus  Commute from home

**ACTIVITIES, AWARDS, HONORS** List all school activities in which you have participated during the past four years. (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past four years**. (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). List all special awards, honors and special offices held.

CLUB/TEAM/ACTIVITY	SPECIAL AWARDS/HONORS	OFFICES HELD	LENGTH OF PARTICIPATION

Please add additional page, if necessary

**GOALS ASPIRATIONS**

**Submit a one page essay (size 12 font, double-spaced) describing:**

- A. How homelessness or any unusual family or personal circumstances have affected your achievement in school, or your participation in school and community activities.
- B. Your educational and career objectives and long-term goals.

**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only

Name of award:	School to which award will be applied:	Amount:	Check one:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**SIGNATURES**

I affirm that the information provided in this form is an accurate account of my personal situation and understand that intentional misrepresentation will result in disqualification from the process.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Last Four Digits of SS#**

I have reviewed the application and required documents and attest that the information is accurate and understand that intentional misrepresentation will result in my child's disqualification from the process.

\_\_\_\_\_  
**Parent/Guardian Signature**

I affirm that I am an unaccompanied homeless youth (Parental/Guardian signature is not required).

Send applications and supporting documents to:

LifeNet4Families, Attn: Xenia McFarling  
 One NW 33<sup>rd</sup> Terrace  
 Lauderhill, FL 33311

**You may download this application from our website – [www.lifenet4families.org](http://www.lifenet4families.org)**

**If you have any questions, please contact Xenia McFarling, VP of Operations, at (954) 792-2328 or email [xenia.mcfarling@lifenet4families.org](mailto:xenia.mcfarling@lifenet4families.org)**