



The Morris and Rhoda Wernick Community Scholarship Application
(Please print or type.)

Name: _____ Birthdate: _____

Address: _____

City/State/Zip: _____

Phone: Home _____ Cell: _____ Email: _____

High School: _____

Colleges Attended: _____

How did you learn about this scholarship? _____

Information about Parents/Guardians:

Parent/Guardian 1

Parent/Guardian 2

Name: _____ Name: _____

Employer: _____ Employer: _____

Job Title: _____ Job Title: _____

Work Address: _____ Work Address: _____

Work Telephone: _____ Work Telephone: _____

List all Community Service and Neighborhood activities (need not be formal): (Use additional sheets if necessary.)

List all scholastic achievements, honors, awards, or special recognition: (Use additional sheets if necessary.)

List all extra-curricular activities. Please indicate if they are school or non-school related: (Use additional sheets if necessary.) _____

Work Experience:

Employer: _____ Phone: _____
From: _____ To: _____ Hours per week: _____ Supervisor: _____
Job Description: _____

Employer: _____ Phone: _____
From: _____ To: _____ Hours per week: _____ Supervisor: _____
Job Description: _____
(Use additional sheets if necessary.)

Preliminary Financial Statement:

Number of Family Members living in your household: (including yourself, parents, siblings, and others) _____
Previous Year's Total Income: Parents(s) \$ _____ Student: \$ _____
If there are special circumstances regarding your income that we should consider, please explain them on a separate sheet of paper and submit it with this application.
List other expected scholarship and/or financial aid sources:
Source: _____ Amount: _____
(Use additional sheets if necessary.)

Requirements of Scholarship Recipient:

I understand that the Morris and Rhoda Wernick Community Scholarship is awarded by *Pass It On*, a 501 (c) (3) not-for-profit corporation in Broward County, Florida, and that the Scholarship Recipient is required to maintain regular contact with the Scholarship Committee of *Pass It On* during the scholarship award period. This will include (1) updates about academic progress and community involvement at a minimum of two times each semester; and (2) participation in volunteer activities during the scholarship award period.
Should I be awarded this Scholarship, I agree to comply with the above requirements.

Signature of Applicant/Date

Signature of Parent or Guardian/Date

Certification:

We certify that the information provided in this application is true and complete, to the best of our knowledge. We understand that once this application has been submitted for consideration, it is the property of *Pass It On* and all information provided is subject to verification.

Signature of Applicant/Date

Signature of Parent or Guardian/Date