

**Palm Beach County Chapter
of The Charmettes, Incorporated**



2022-2023

Boynton/Coleman Fellowship Application
www.palmbeachcountycharmattes.com

Deadline: March 31, 2023

Palm Beach County Chapter of The Charmettes, Incorporated

FELLOWSHIP APPLICATION INFORMATION SHEET

Palm Beach County Chapter of The Charmettes, Incorporated will award fellowships to qualified applicants residing in the Palm Beach County Area. Our purpose is to improve the quality of life within our communities through advocacy, education, service and support for cancer research. This scholarship will provide financial assistance to high school graduates entering college in pursuit of higher education.

ELIGIBILITY

- Applicant must be a high school graduating senior with a minimum 2.5 **GPA**.
- Applicant's official high school transcript must accompany application.
- Application forms must be typed or printed legibly.
- Incomplete application will **NOT** be considered.
- Student must submit a **TYPED** one-page essay, Font: Times New Roman 12, double spaced describing academic and career goals.
- Application must be accompanied by at least two letters of recommendation:
 - a. One (1) from a community, civic, or church leader.
 - b. One (1) from a high school guidance counselor or faculty member.
- Eligible students will receive a notification letter inviting them to an interview.
- The **DEADLINE** for submitting applications is March 31, 2023.

Application Checklist

- **Application**
- **Academic Transcript**
- **Essay**
- **2 Reference Letters**

Submit to:

Palm Beach County Chapter of The Charmettes, Inc.
Attn: Leola Horton
P.O. Box 495
West Palm Beach, Florida 33402
For additional information, contact
Leola Horton (561) 281-4988

Palm Beach County Chapter of The Charmettes, Incorporated

Fellowship Application

Applicant Information: (Please type or print clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Are you currently employed? ___ Yes ___ No If yes, Employer _____

What is your monthly income: \$ ___ Do you plan to work during the school year? _Yes_No

Scholastic Information:

Name of High School: _____

Your Ranking: _____

GPA: (A 2.5 minimum on a 4.0 scale is required) _____

ACT or SAT score: _____ Date of Test: _____

Honor Societies: _____

Community Activities: _____

Organizations and clubs: _____

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What offices have you held or currently hold? _____

Have you applied for other scholarships, grants, or financial assistance? Yes ___ No ___

If yes, please list them below: _____

List sources of any scholarships, grants, or other assistance that you have been awarded:

Colleges or universities that have notified you of acceptance: _____

Which college/university do you plan to attend? _____

First Choice: _____ Second Choice: _____

Anticipated Enrollment Date: _____ Major: _____
Month/Year

Family Information:

Parent(s) name: _____

Employer: _____ Employer: _____

Financial Information: (To be completed by parent or guardian)

Number of dependents: _ Enrolled in college: _ High School: _ Middle School: _ Elementary School: _

Do you own or rent (*Circle one*) your current residence?

Total Annual Family Income: Please check the box corresponding to your total household

income:

	\$10,000 – 19,999		\$60,000 - \$74,999
	\$20,000 - \$24,999		\$75,000 - \$99,999
	\$25,000 - \$29,999		\$100,000 - \$124,999
	\$30,000 - \$34,999		\$125,000 – \$149,999
	\$35,000 - \$39,999		\$150,000 - \$174,999
	\$40,000 - \$44,999		\$175,000 - \$199,999
	\$45,000 - \$49,999		\$200,000 – \$250,000
	\$50,000 - \$59,999		Over \$250,000
	Other		

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Signature Page

Photos: All interviewing applicants will be photographed during the interview process. Females will wear a black dress or pant suit. Males are asked to wear a black suit, white shirt, and red tie. Photographs will also be taken during the awards luncheon. All photographs/ images are the sole property of the Palm Beach County Chapter of The Charmettes, Inc. The organization reserves the right to use these photographs in various publications. By signing this authorization, I acknowledge and agree to these terms.

Signature of Applicant: _____ Date: _____

Signature of Parents/Guardian: _____ Date: _____

Applicant and parent (s) understand that attending the Awards Luncheon is **REQUIRED**. Participants who are selected to receive a fellowship and do not attend the Awards Luncheon will forfeit their fellowship. I understand, acknowledge, and agree to these terms.

Signature of Applicant: _____ Date: _____

Signature of Parents/Guardian: _____ Date: _____

I understand that if I am awarded a fellowship, the check will be made payable to the fellowship recipient during the Awards Luncheon upon proof of enrollment.

Signature of Applicant: _____ Date: _____

Signature of Parents/Guardian: _____ Date: _____

By signing below, the applicant confirms the accuracy of **ALL** information provided.

Signature of Applicant: _____ Date: _____

By signing below, the parent/guardian confirms the accuracy of **ALL** information provided.

Signature of Parents/Guardian: _____ Date: _____