

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



**2023-2024**

**Boynton/Coleman Fellowship Application**

**[www.palmbeachcountycharmets.com](http://www.palmbeachcountycharmets.com)**

**Deadline: March 31, 2024**

## **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 fellowship will provide financial assistance to high school graduates entering college to pursue 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 the 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: “Each person’s experience with cancer is unique. Please describe how cancer has impacted you or your family.”
- 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, 2024.

#### **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 at (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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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		

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

**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: \_\_\_\_\_