

William S. Harvey Deltona Scholarship Eligibility Requirements 2024

The City of Deltona is proud to offer financial assistance to residents who are in pursuit of an academic degree at an accredited* Florida college, University, or Trade school. Scholarships are awarded based on the applicant's financial needs, scholastic achievements, participation in academic and community organizations and programs. Please do not apply if you have already received two (2) scholarships from the William S. Harvey Deltona Scholarship Program. The City of Deltona Commission limited the number of scholarships each applicant may receive from the City of Deltona to two (2) scholarships at the Regular City Commission Meeting, October 22, 2007.

**PAY ATTENTION TO DETAIL. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. **

Applicant must:

- Currently reside in the City of Deltona and have maintained at least 6 months of residency within the City.
- Provide High School (*College) transcripts showing minimum grade point average of 2.0. *If attending College, please provide both High School and College transcripts.
- Provide most recent standardized test scores (e.g. PSAT, SAT, ACT, GED).
- Have applied or been accepted as a full time student at an accredited* Florida college, University or Trade school and must enroll upon graduation from high school.
- Notify the William S. Harvey Deltona Scholarship Advisory Board with a copy of a letter of intent to enroll. If a recipient fails to provide a copy of the letter of intent to the Scholarship Advisory Board, the funds will remain with the City of Deltona.
- Upon award of a scholarship, return the Scholarship Recipient and Social security forms within 30 days of award notification. Scholarship recipients who enroll at an accredited institution different from that listed on the Application and Scholarship Recipient Form, will need to notify the Scholarship Advisory Board immediately. Allocated funds will be transferred to the appropriate Florida institution.

Each Applicant's Scholarship funds will be mailed directly to the chosen school's Financial Aid Office. Please check with the Florida College, University or Trade school to verify the address and phone number of where the award should be sent. It is not the responsibility of the City to verify information you have submitted regarding the Florida community college, college and/or university you have selected. All unused funds must be returned to the City of Deltona Finance Department along with a copy of the Social Security Number Form and a letter informing the City of the reason for the return of funds.

*Accreditation is through the Commission on Colleges: Southern Association of Colleges and Schools: refer to http://www.sacscoc.org/, or ACICS Accrediting Council for Independent Colleges and Schools http://acics.org.Scholarship recipients will be selected without regard to race, age, gender, religion, political beliefs or any other factors which could be constituted unfair or illegal discrimination.



William S. Harvey Deltona Scholarship Program 2024 Packet Contents

The City of Deltona Commission has limited the number of scholarships a student may receive to two (2). Please do not apply if you have already received two (2) scholarships from the William S. Harvey Deltona Scholarship Program. Below is a list of documents that make up the application packet. ***PAY ATTENTION TO DETAILS***

- 1. Scholarship Packet Contents Form.
- 2. Scholarship Eligibility Requirements Form.
- 3. Scholarship Checklist Form.
- 4. Scholarship Application.
- 5. Proofreader Signature Sheet

If for any reason you have not received all five (5) documents, please contact the William S. Harvey Deltona Scholarship Advisory Board Secretary at 386-878-8505.

The City Commission of the City of Deltona has appointed seven (7) Deltona residents to serve on the William S. Harvey Deltona Scholarship Advisory Board. All applications must be submitted or postmarked by the due date and time selected by the Scholarship Advisory Board, listed at the bottom of this page. The Scholarship Advisory Board reviews the applications ranking them according to a predetermined ranking system.

Deltona Commission approved an award range of no more than \$3,000 and no less than \$1,000 to deserving applicants. When the Scholarship Advisory Board has made their selections, the selections are submitted to the City Commission at the next available Regular City Commission Meeting. The Regular City Commission Meetings are scheduled on the first and third Mondays of each month, unless there is a Monday holiday, at which time the meeting will usually be scheduled for the following day.

The Commission will review the Scholarship Advisory Board's selection list and either approve or deny the selections. After the Commission approves the recipient list, a letter will be sent to each recipient apprising them of the Commission's decision. Included in the letter to the award recipients will be the Scholarship Acceptance and Social Security forms which must be filled out entirely and returned to the Staff Liaison within 30 days of receipt of the award letter. The Scholarship Acceptance Form notifies the City which College/University/Trade School the applicant has selected and has been accepted to attend. If the recipient fails to return the Scholarship Acceptance and Social Security Forms within the 30 day time frame, the funds will be returned to the City of Deltona. Each award recipient will be notified of the Regular City Commission Meeting date and time that the awards will be presented by the Commission.

Submit the completed Application Packet, in the order listed on the Checklist, to the:

William S. Harvey Deltona Scholarship Advisory Board Board Secretary/City Clerk's Department 2345 Providence Blvd. Deltona. FL 32725

PLEASE NOTE: Incomplete applications will not be considered. All applications must be postmarked by January 29, 2024, or hand delivered by February 02, 2024, no later than 5:00 pm. If you have already received two (2) scholarships from the City of Deltona, please do not apply.



1 Scholarship Checklist

William S. Harvey **Deltona Scholarship Checklist** 2024

The City of Deltona is proud to offer financial assistance to our residents who are in pursuit of an academic degree at an accredited* Florida college, university or trade school. At the Regular City Commission Meeting on October 22, 2007, the City of Deltona Commission has limited the number of William S. Harvey Deltona Scholarships a student may receive to two. Please do not apply if you have already received two (2) William S. Harvey Deltona Scholarships from the City of Deltona. In order to process applications and ensure fairness, the William S. Harvey City of Deltona Scholarship Selection Committee asks all applicants to submit the following documentation in the order listed: ***PAY ATTENTION TO DETAILS***

| | The Control of the Co |
|---------|--|
| | 2. Copy of driver's license or State identification. |
| | 3. Complete Scholarship Application. Incomplete applications will not be considered. |
| | 4. Scholarship Essay, as described on page four (4) Item VI, of the Scholarship Application. |
| | 5. Copy of most recent standardized test scores (e.g. PSAT, SAT, ACT,). |
| applica | 6. Most recent official sealed high school transcripts or GED scores and college transcripts (if able). |
| | 7. Applicants must provide the following for determining financial need: Copy of the applicant's complete (FAFSA) Federal Student Aid Report/FSAR AND |
| OR | A. Copy of applicant's (if filed as an independent) complete Federal Income Tax Return including signature page from most recent year, no earlier than 2022, with personal information such as Social Security number, bank account numbers and access codes redacted. (Use white out and not a black marker as the information imprint will show through if black marker is used.) (If 2023 taxes have been filed that is what should be provided.) |
| | B. Copy of parent/guardian's complete Federal Income Tax Return including signature page from most recent year, no earlier than 2022, with personal information such as Social Security numbers, bank account numbers and access codes redacted. (Please use white out and not a black marker as the information imprint will show through if black marker is used) |
| | 8. Provide the checked /signed Proofreader sheet; see attached sheet. |
| | 9. Optional: Demographic Information. (Not required for a completed application.)** |
| Submit | the Application Packet, in the order listed on the Checklist, via mail or hand delivery to the: |

William S. Harvey Deltona Scholarship Advisory Board, 2345 Providence Blvd., Deltona, FL 32725.

All applications must be postmarked by January 29, 2024 or received via hand delivery by February 2, 2024 no later than 5:00 pm. For any questions, please contact the Board Secretary at 386-878-8506. **Applicant Name (Print):**

*Accreditation is through the Commission on Colleges: Southern Association of Colleges and Schools, refer to http://www.sacscoc.org/ or ACICS Accrediting Council for Independent Colleges and Schools http://acics.org.**Scholarship recipients will be selected without regard to race, age, gender, religion, political beliefs or any other factors which could be constituted unfair or illegal discrimination. Application must be filled out completely for scholarship consideration.



William S. Harvey Deltona **Scholarship Program Application** 2024

Applicant's Information (Please print clearly using black or blue ink)

| Applicant's Name: (Last) | | (First) | (Middle Initial) |
|----------------------------|-----------------------|---|---------------------------------|
| Applicant's Current Addre | ess: | | |
| | | (Number and Street) | |
| (City) | | (State) | (Zip Code) |
| Deltona Resident since: | Month/dov/voo | r) (Minimum of six months residency required) | |
| | | ii) (wiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | |
| • | | | |
| Secondary Telephone Co | ontact #: | | · |
| Email: | | | |
| Applicant's Driver's Licer | se or Identification | Number:(State and Number) (Attach photo | |
| I. Applicant's Family | Information: | (State and Number) (Attach photo | copy to documentation submitted |
| Father's Name: | (Loot) | (Firet) | |
| | | | |
| | | | |
| Phone #: | Email: | | |
| Mother's Name: | | | |
| (if applicable). | (Last) | (First) | |
| Address: | | | |
| Phone #: | Email: | | |
| Guardian's Name: | (Last) | (First) | |
| | , , | (i iist) | |
| | | | |
| | | (including self). | |
| Number in household cui | rrently attending a p | ost secondary institution: | |

Application must be filled out completely for scholarship consideration.

| Appli | cant's Name: | | | | | |
|-----------|---|------------------------------------|---|----------------------|---|--------|
| II. | Applicant's Fina | Applicant's Financial Information: | | | | |
| AND | Applicant must Report/FSAR. | provide a copy | of the applicant's | complete (| FAFSA) Federal Stude | nt Aic |
| 1. | a) Copy of appli including signb) Copy of pare | cants most recen | ed as an independe st recent complete | l Income Tax ent) | f financial need: k Return, (no earlier thar ome Tax Return (no earli | |
| 2. | List other pendir | ng or received Sc | holarships/Financia | ıl Aid, and ar | mounts: | |
| | a) | | \$ | Ap _l | plied Received | |
| | b) | | \$ | Ap _l | plied Received | |
| | c) | | \$ | Ар | plied Received | |
| | | onal Information: | tory. Use additiona Employment Dates | | · | |
| | | | | | | |
| V. | Applicant's Acade (Attach Official Transcri | | st Scores) | | | |
| ld | entify school type: | High School | _Home School | GED | College/University _ | |
| So | chool Name: | (Name) | | (Address) | <u>.</u> | |
| На | ave you participat | ed in a dual-enrol | lment program? Y | es | No | |
| Ar | nticipated Gradua | tion or GED Com | oletion Date: | | | - |
| <u>Cı</u> | urrent GPA: | | Weighted GPA: | | _(If applicable) | |

Revised 09-20-2023 Page 3 of 7

Application must be filled out completely for scholarship consideration.

| oplicant's Name: | (First) | (Middle Initial) |
|--|---------------------------------------|----------------------------------|
| | | |
| Applicant's Academic/Comm | nunity Involvement Information: | |
| List academic or community paper if necessary. Provide | organizations/activities in which yo | ou are involved. Use additiona |
| Organization Name | Advisor Name/ | oplicant's Involvement |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| 2. List academic awards or rec | ognitions: | |
| Award/Recognition | Award Description | Date Received |
| | | |
| | | |
| | | |
| 3. Florida college(s), university | ies), or trade school(s) to which you | ı have applied or been accepted: |
| College/University applied to: | Applied | |
| - | | |
| | | |
| | | |
| | | |
| 4. Anticipated Major: | | |
| | | |
| | | |

Revised 09-20-2023 Page 4 of 7

Application must be filled out completely for scholarship consideration.

| Applicant's Name: | | | |
|-------------------|--------|---------|------------------|
| | (Last) | (First) | (Middle Initial) |

VI. Applicant's Essay Submission:

- 1. On a separate sheet, or sheets, of paper the applicant must use the following format guidelines:
 - a. MLA format
 - b. 500-750 words in length double-spaced
 - c. Non-bold Times New Roman 12 point font
 - d. Identify the essay with applicant's name and the essay theme title.
- 2. For the essay, address **one** of these four theme titles:
 - 1. Following your planned coursework, how will you contribute to the City of Deltona's future?
 - 2. Why do you consider Deltona to be unique among Florida cities?
 - 3. Why have you chosen your specific course of study/career?
 - 4. Why do you feel you are qualified to receive a City of Deltona Scholarship?

| Applicant's Signature: | Date: | | |
|----------------------------|-------|--|--|
| | | | |
| Parent/Guardian Signature: | Date: | | |

For additional information, please contact:

William S. Harvey Deltona Scholarship Advisory Board Board Secretary/City Clerk's Department 2345 Providence Boulevard Deltona, Florida 32725 (386) 878-8505

Please mail or hand deliver all pertinent documentation to:

William S. Harvey Deltona Scholarship Advisory Board Board Secretary/City Clerk's Department 2345 Providence Boulevard Deltona, Florida 32725

Application must be filled out completely for scholarship consideration.

Disclaimer:

Scholarship award recipients have 30 days to reply in writing and submit a copy of letter of acceptance and Social Security form to the Scholarship Advisory Board. If a recipient fails to contact the Scholarship Advisory Board, funds will remain with the City of Deltona. The recipient must also notify the Scholarship Advisory Board with a copy of a letter of intent to enroll. Scholarship recipients who enroll at an accredited institution different from that listed on the application or Scholarship Recipient Acceptance Form will need to notify the Scholarship Advisory Board *immediately*. Allocated funds will be transferred to the appropriate Florida institution.

Revised 09-20-2023 Page 5 of 7



Essay:

William S. Harvey Deltona Scholarship Program 2024 Proofreader sheet

The William S. Harvey Deltona Scholarship Board requires that students applying for the scholarship have a proofreader look over the essay portion of the application. Please have someone i.e. teacher, advisor or parent check the below items:

| • | | | | |
|--|--|--|--|--|
| 1 | Is the essay in MLA format? | | | |
| 2 | Did the student spell check? | | | |
| 3 | Did the student use the correct grammar and punctuation? | | | |
| 4 | Did the essay stay on topic? | | | |
| 5 | Did the student follow all instructions? | | | |
| The overall application: | | | | |
| 1 | Is the form completely filled out and all pages signed? | | | |
| 2 | Are all the required documents attached? | | | |
| Proofreader Signature | | | | |
| If you have any questions, please contact: | | | | |
| Elizabeth Keys, Board Secretary (386) 878-8506 ekeys@deltonafl.gov | | | | |
| | | | | |

PLEASE NOTE:

Incomplete applications will not be considered. All applications must be postmarked by January 29, 2024, or hand delivered by February 02, 2024, no later than 5:00 pm. If you have already received two (2) scholarships from the City of Deltona, please do not apply.

Revised 09-21-2023 Page 6 of 7

Optional Demographic Information

| Name: | | | |
|-----------------------|----------------|------------------------|------------------|
| (Last) | | (First) | (Middle Initial) |
| Applicant's Gender: N | /lale / Female | | |
| Race/Ethnicity: | America | n Indian/Alaska Native | |
| | Asian/Pa | cific Islander | |
| | Black | | |
| | Hispanic | | |
| | Multiraci | al | |
| | White | | |
| | | | |
| Date of Birth: | | | |
| | (Month) | (Date) (| Year) |

Revised 09-20-2023 Page 7 of 7