



HALLANDALE SCHOLARSHIP FUND, INC.
HallandaleScholarshipFund.org
P.O. Box 1331 • Hallandale Beach, FL 33008
954-454-9070 • hallandalescholarshipfund@gmail.com

SUPPLEMENTAL APPLICATION – SUBMIT PRIOR TO AUGUST 1
(Send application with grade report via email or US mail)
REQUIREMENTS: Previous HSF Scholarship Award & 3.0 overall GPA

PLEASE PRINT CLEARLY OR TYPE

NAME: First _____ Last _____

MAILING ADDRESS (Include Apt #, City, State & Zip): _____

PHONE: _____ E-mail: _____

Graduated from _____ High School Date: _____

Personal History

Parents' Name(s): _____

Parents' Address: _____

Previous Grants and/or Loans you have received from **HSF** include the amount(s) of the grant(s) and/or loan(s) and the year(s) received:

College Information

College you attend: _____

Current Cumulative GPA*: _____ Graduation date: _____

Approximate college cost per year (include room & board if needed): \$ _____

College Major: _____

Future Career Goals: _____

College Academic History

***Please attach a copy of your latest college grades transcript.**

List your major activities in College:

ACTIVITY

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Write (no more than one typewritten page) a brief (100 word) essay reflecting your goals and aspirations.

REQUIRED: I pledge to contribute to the Hallandale Scholarship Fund, Inc., when I begin my career and am gainfully employed.

Signature _____ Date _____