



I Love My Island

2024 Launch Scholarship Application

TO THE APPLICANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

Please complete this application so we can determine your eligibility for receiving scholarship funds for pursuing your post-secondary education through the assistance of I Love My Island, Inc.

PLEASE USE THE APPLICATION ENCLOSED. If any questions are not applicable to your current situation, please indicate on the application by answering N/A. Submit the responses to Narrative/Student Statement on typewritten attached pages using ***a minimum of Times Roman 10 point font. Answer all questions, do not omit any section.***

Selection will be made by a selection committee based upon the scholarship criteria and student qualifications, without discrimination because of race, color, religion, sex, age, national origin, disability or any other protected characteristic as established by law. Scholarship winners announced on May **10, 2024**.

I Love My Island, Inc. reserves the right to process only applications found to be eligible by the guidelines and fully completed as of the deadline.

One letter of recommendation from a teacher, coach or community leader must be attached. Completed applications must be returned to Carolyn Pincheck via email (cjp.ilmi1@yahoo.com) or mailed to My Island Thrift Store, Attn: Launch Scholarship, 234 E Merritt Island Cswy, Merritt Island, FL 32952. **All applications must be received no later than 5pm on April 19th, 2024.**

CERTIFICATION

In submitting this application, I certify the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. Acceptance of a I Love My Island Launch Scholarship grants permission for the promotion and publication of your award and constitutes your guarantee that funds will be spent on legitimate college expenses. Scholarships are not renewable. Students are responsible for having their college/university/trade school request funds after the student has enrolled and is attending classes.

Funds not requested by June 30, 2025 will be forfeited, unless otherwise noted.

EACH SCHOLARSHIP APPLICATION MUST HAVE ORIGINAL SIGNATURES (BLUE INK PREFERRED)

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. _____
Ms. Name Last First MI XXX-XX _____ (last 4 digits)
Social Security Number

Permanent Address Street City State Zip

Date of Birth (MM/YY) Telephone Number E-Mail Address

Name of parent/guardian _____

Permanent mailing address of parent/Guardian if different from applicant

Street City State Zip

Telephone Number E-Mail Address

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address _____
Street City State Zip Telephone Number

Name of High School Principal _____

Name of post-secondary school for which applicant's scholarship is requested _____

Address _____
City State Zip

Check One

____ 4-year College/University ____ Vo-Tech. ____ Community College. ____ Other _____

Accredited? ____ Yes ____ No

Student will be enrolled:

____ Less than half-time ____ Half-time or more ____ Full-time (12 credit hours or more)

Anticipated date of graduation from postsecondary program _____
Month Year

Major Field of study applicant plans to pursue _____

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours per Week	Amount Earned

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.)
List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, and volunteer work). Indicate all special awards and honors. Use an additional sheet if necessary.

School Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Community Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

NARRATIVE/STUDENT STATEMENTS

(250 to 500 words on a separate paper)***Required

What is your target profession/career?

Why this profession/career?

What steps have you already taken to get there so far?

TRANSCRIPT INFORMATION

Applicants must have the following section completed by the appropriate school official.

Applicant is graduating in class of _____ Cumulative grade point average _____/4.0 scale

School Official's Signature Date Title Telephone Number

School Address Street City State Zip

APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials:

___ Completed Application ___ All Required Signatures ___ Narrative/Student Statement. ___ Letter of Recommendation

Completed applications must be returned to Carolyn Pincheck via email (cjp.irmi1@yahoo.com) or mailed to My Island Thrift Store, Attn: Launch Scholarship, 234 E Merritt Island Cswy, Merritt Island, FL 32952. **All applications must be received no later than 5pm on April 19th, 2024.**