

**VITAS GERULAITIS MEMORIAL
SCHOLARSHIP ELIGIBILITY CRITERIA**

I. Required Applicant Criteria

1. *Must be a graduate of, or current participant in, an Ounce of Prevention Fund of Florida program*
2. *Must have a high school diploma or the equivalent*
3. *Must be a female in a parenting role*

II. All applicants must submit two (2) copies of the following with their completed application:

1. *One-page typewritten essay on your life's goals and how you plan to achieve them*
2. *Two letters of recommendation, one from each of the following:*
 - 1) *Program manager or family support worker/case manager*
 - 2) *Personal recommendation from someone who knows you through school, job, church or community activity*
3. *Proof of admission to an institution of higher learning or vocational training program*
4. *Proof of high school completion or GED along with most current grade report*

Please also note:

- *Recipient must begin school or vocational training within six months of grant award*
- *Scholarship expires after two years from award date or when exhausted at \$10,000.00, whichever comes first*
- *Award will be paid directly to the educational institution (tuition & books only)*

***Applications will be accepted from September 1-30 of each year.
Scholarships will be awarded between November 1 and December 15.***

Vitas Gerulaitis Memorial Scholarship Application

Sponsored by: Chris Evert Charities and
The Ounce of Prevention Fund of Florida

(Please type or print neatly in black ink)

Section A: Applicant Information	
Name (Last, First, M.I.)	
Mailing Address:	
Street Number	
City/State ZIP Code	
Permanent Address:	
Street Number	
City/State ZIP Code	
Day Phone (include area code)	
Evening Phone (include area code)	
Social Security Number	
Date of Birth	
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single
Date of High School Graduation or GED completion	
Other course work completed	
When:	
Institution:	

Do you have any legal dependents who receive more than half of their support from you?
 Yes No **If yes, how many?** _____

Section B: Continuing Education
What educational institution or technical/vocational school are you currently attending or have you been accepted to attend?
Name of Institution
Street Address
City/State/Zip Code
County
Will you be enrolled <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
What degree or certificate will you be working toward?
Course of study?
When is your expected date of completion?

Section C: Expenses	
Actual Semester Expenses	
Tuition and Fees	\$
Books	\$
Total	\$

Section D: Other Aid Received	
Source	Amount

Section E: Ounce of Prevention Fund Program
Name of The Ounce of Prevention Fund program attended:
Length of enrollment:
Case Manager's Name:

Section F: Verification	
By signing this application, I attest that all information is true and accurate to the best of my knowledge.	
Signature	Date

*Mail your completed application along with TWO sets of required documents to:
The Ounce of Prevention Fund of Florida, Attention Winifred Heggins
111 N Gadsden St., Tallahassee, FL 32301*