



FORM 4 - "Focus on the Future" Scholarship Grant Application

Student Applicant Information

Your Name _____ US Citizen? YES No
Address _____
City _____ Zip _____ Email _____
Contact Phones: Cell _____ Home _____ Other _____
Name of High School: _____
Year of Graduation: _____ Cumulative High School GPA: _____ If you are HS Senior,
a signature of school guidance official certifying your GPA _____
College or other higher educational institution: Name _____
City/State: _____ Dates Attended _____ GPA _____

Cancer Patient Information

Cancer Patient's Name (*If different from above*) _____ Relationship _____
Cancer Patient's Age: _____ Deceased Date _____ Date of Initial Diagnosis: _____
Primary Cancer _____ In Active Treatment? YES NO _____
If Yes, indicate type of treatment _____
If No, indicate date of last treatment _____

Enrollment Information - Please include your acceptance letter from your selected institution.

Name of college/institution you plan to attend _____
Have you been accepted for admission? _____ If Not, when will you be notified of acceptance? _____
What is your anticipated major? _____
Are you enrolled in the Florida Pre-Paid College Program? _____
Have you applied for any other grants or scholarships? If so, please list: _____

Two Letters of Reference - Please include reference letters using the included 4-A Form

Financial Need

Please describe on a separate sheet your financial need for this scholarship grant. Include the names and ages of other children in your household that may be of college age during the same period you anticipate attending.

Academics Achievement & Community Service

Please briefly list on a separate sheet any academic achievement awards or recognitions you have received and any community service activities you have participated in.

Goal Statement Essay

Please attach in 500 words or less your goal statement essay describing your life and future goals. Typewritten essays are greatly appreciated.

Student Applicant Signature: _____ Date: _____
Parent/Guardian Signature if applicant under age 18: _____ Date: _____

MAIL COMPLETED APPLICATION TO GCCF, PO BOX 443, MINNEOLA, FL 34755-0443

***A GCCF case manager will review your information and will contact the applicant requesting assistance. Funds are limited and based on availability.
All information is strictly confidential and is for GCCF use only.***