



3221 Sand Lake Rd, Longwood, FL 32779 | Phone: (407) 869-8882 | Fax: (407) 637-5309 | [www.pacebrantley.org](http://www.pacebrantley.org)

## APPLICATION FOR SCHOLARSHIP

### 1. Requested Documentation:

- Completed application
- Please attach:
  - A copy of tax documents (IRS Form 1040) and include all schedules that were submitted to the IRS (ex: Schedule C) Application for Scholarship Assistance cannot be considered without tax documents.
  - Letter of explanation stating why this scholarship is an important contribution to your child's education at Pace Brantley School.

### 2. Submit to:

By mail: Pace Brantley School  
Attention: Scholarship Committee  
3221 Sand Lake Road  
Longwood, Florida 32779

By e-mail: [yfontanez@pacebrantley.org](mailto:yfontanez@pacebrantley.org)



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## Application for Scholarship

Date of Application: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle

Mother's Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone (father): \_\_\_\_\_ Cell Phone (mother): \_\_\_\_\_

*If the address is not the same for both parents, indicate the other address below:*

Name of Parent: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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### DEPENDANTS OF PARENTS

First Name	Age	Living w/family	Name of school attending	Educational Exp.	Grants	Student Earnings
1.						
2.						
3.						
4.						
5.						
6.						

### MONTHLY INCOME AND EXPENSE ANALYSIS

Wages/Salary (Applicant /Spouse/Dependents) \_\_\_\_\_

Social Security Income (Applicant/Spouse/Dependents) \_\_\_\_\_

Government Assistance (Applicant/Spouse/Dependents) \_\_\_\_\_

Interest and Dividends (Applicant/Spouse/Dependents) \_\_\_\_\_

Other Income (describe) (Applicant/Spouse/Dependents) \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

Rent/Mortgage \_\_\_\_\_

Utilities (electric) \_\_\_\_\_

Utilities (water/sewer) \_\_\_\_\_



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Transportation (gas) \_\_\_\_\_

Car payment \_\_\_\_\_

Food (number of people\_\_\_\_) \_\_\_\_\_

**Other**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

Please relate any special family circumstances the Scholarship Committee should be aware of in awarding these funds (for ex: illness, large debts, loss of income, grandparents supported by family member, etc...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_