



PILOT CLUB OF THE HALIFAX AREA 'BLOOM' SCHOLARSHIP

The Pilot Club of the Halifax Area BLOOM Scholarship is established to assist students in Volusia County with a financial handicap. Two annual \$500 awards are given to graduating high school seniors and/or undergraduate students who demonstrate a severe financial hardship and a great passion to achieve success.

Two individual scholarships are awarded annually and are based primarily on financial need. Consideration is also given for academic achievement and community involvement. Scholarships are awarded for one academic year; a student may not re-apply.

Completed applications must be postmarked/emailed no later than May 15th. Our Pilot Scholarship Committee will notify the award recipients in the month of June. Additional eligibility requirements are listed below.

To apply, complete the attached scholarship application form and submit all required items to PilotClubofHalifax@gmail.com by May 15th, or mail to Pilot Club of the Halifax Area, Inc. P.O. Box 11461, Daytona Beach, FL 32120, postmarked by May 15, 2020.

REQUIRED ITEMS TO BE INCLUDED WITH APPLICATION FORM:

1. Copy of your most recent original HS or College transcript, showing your current GPA.
2. Proof of your college *enrollment* (not an acceptance letter).
3. A typed essay (250-300 words) of "Why I need this scholarship".
4. Two letters of recommendation (teacher/professor/clergy or employer)



PILOT CLUB OF THE HALIFAX AREA 'BLOOM' SCHOLARSHIP APPLICATION

IMPORTANT: PLEASE PRINT. APPLICATION CANNOT BE ACCEPTED IF IT IS INCOMPLETE OR ILLEGIBLE.

DATE: _____

NAME: _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____
CITY STATE ZIP

PERMANENT ADDRESS: _____
CITY STATE ZIP

DATE OF BIRTH: _____ HOME PHONE: _____ CELL PHONE: _____

SINGLE MARRIED DEPENDENTS: YES NO IF YES, # OF DEPENDENTS _____

APPLICANTS MUST BE REGISTERED, FULL-TIME COLLEGE STUDENTS.

Current Status: (check one) HS Senior Undergraduate Major _____

What is your career goal? _____

HIGH SCHOOL GRADUATION YEAR _____ HIGH SCHOOL _____

COLLEGE/UNIVERSITY YOU WILL ATTEND: (Enclose acceptance letter. Proof of enrollment before release of funds)

COLLEGE: _____

Address of College Admissions Office: _____

Phone # of Adm. Office: _____ Have you received other scholarships? YES NO

LAST EMPLOYMENT (if any)

DATES POSITION EMPLOYER

VOLUNTEER COMMUNITY SERVICE

DATES POSITION NAME OF ORGANIZATION

Attach a 250-word (or more) typed essay on "Why I need this scholarship".

Mail application with essay, transcript, references, and proof of enrollment, postmarked by May 15th to:
Pilot Club of the Halifax Area, Inc., P.O. Box 11461, Daytona Beach, FL 32120 or email to: pilotclubofhalifax@gmail.com