



## 2023 SCHOLARSHIP APPLICATION

The Miami-Dade Community Action and Human Services Department (CAHSD) through its Family and Community Services Division Community Advisory Committees (CACs) and Office of Neighborhood Safety (ONS) is accepting scholarship applications for the 2023 school year. The deadline for submission is Friday, May 19, 2023. Achieving a higher education is an important life choice for young people and their families. CAHSD is offering 50 \$1,500 ONS scholarships to deserving students who meet the eligibility requirements.

### ELIGIBILITY REQUIREMENTS:

- Individuals must: be between the ages of 16-25; a senior in high school or have obtained a high school diploma/GED; and currently enrolled in college or planning to enroll in Fall 2023
- Applicants must reside in Miami-Dade County
- Family income must fall within the 200% Poverty Income Guidelines of the Community Services Block Grant (CSBG) mandated requirements
- Have a minimum 2.0 GPA

### APPLICATION CHECKLIST

- Complete Scholarship Application
- Attach a typed essay. The essay must be typed in 12 point standard font (Times New Roman). **The essay must address each of the following questions:**
  - a) What does Community Action mean to you? How have you contributed to your community?
  - b) Please describe in your own words: a. What character traits you possess that have helped you to overcome personal adversity b. Your degree of commitment to pursue a college education c. How you anticipate making a contribution to society?
  - c) What are your future career plans? How do you plan to use your studies to achieve your future career plans?
  - d) Imagine yourself in 10 years from today. What goals and ambitions do you have for yourself, personally and professionally?
  - e) What extenuating circumstances might prevent you from entering college?
  - f) Why are you a good candidate to receive this award?
- Proof of income for everyone in the household (copy); see Section E
- Proof of address in target area: Driver's License or State of Florida ID (copy) for all household members
- Proof of age: Birth Certificate or Driver's License of applicant only (copy)
- Social Security Card for everyone in the household (copy)
- Two recommendation letters
- Copy of transcript and/or class schedule

Completed applications must be postmarked or hand delivered by Friday, May 19, 2023 to:

Miami-Dade Community Action and Human Services Department  
Scholarship Program

Alton V. Sears, Special Projects Administrator  
701 NW 1st Court, 10<sup>th</sup> Floor  
Miami, Florida 33136

Applications can also be e-mailed to [cacscholarship@miamidade.gov](mailto:cacscholarship@miamidade.gov)



**COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT**



**SCHOLARSHIP APPLICATION**

Applicants must live in the following target areas: Allapattah, Brownsville, Coconut Grove, Culmer/Overtown, Edison/Little River, Florida City, Goulds, Hialeah, Liberty City, Little Havana, Naranja, Opa-Locka, Perrine, South Beach, South Miami or Wynwood.

**Please type or print in ink.**

**Deadline for Application:** Friday, May 19, 2023

**Indicate Target Area:** \_\_\_\_\_

**GENERAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Classification during the Fall (August) 2023 semester:

UNDERGRADUATE

GRADUATE

I will be a \_\_\_\_\_ (Freshman, Sophomore, Junior or Senior)

Name of Institution planning to attend: \_\_\_\_\_

Major or expected major: \_\_\_\_\_

Career choice: \_\_\_\_\_

Secondary or minor area(s) of study: \_\_\_\_\_

Expected enrollment status for 2022:  full time  part time

**2023: Incomplete applications will not be considered.**

Name of High School/University currently attending: \_\_\_\_\_

High School GPA: \_\_\_\_\_ (weighted) \_\_\_\_\_ (unweighted) ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

Have you participated in Dual Enrollment classes?  Yes  No

What college did you attend? \_\_\_\_\_ Credits Earned \_\_\_\_\_

College GPA: \_\_\_\_\_ College Credits Completed: \_\_\_\_\_

(1) List of high school, college/university/community activities in which you have participated (include leadership roles).

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(2) List Special honors/awards.

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(3) List work or internship experiences.

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Community Action and Human Services Department



Financial Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

COMMUNITY SERVICES BLOCK GRANT (CSBG) 200% OF POVERTY INCOME GUIDELINES	
Family Size	200%
1	\$29,160
2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120
Add this amount for each additional person in the household with more than 8 people.	\$10,280

List of Household Occupants	Relationship	Is Occupant Working	Source of Income	Amount of Monthly Income
	Self			

Copies of proof of income for every member of the household must be provided. Proof can be any of the following formats:

- A. Consecutive pay stubs for the last thirty (30) days or 2022 income tax return.
- B. Award letter or letter from an agency from which income is received including:
  - SSA, SSI, V.A. Pension, TANF
  - Child Support, Alimony
  - Unemployment Benefits

**APPLICATIONS CANNOT BE PROCESSED WITHOUT PROOF OF INCOME**

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Community Action and Human Services Department



Scholarship Statement of Accuracy

I \_\_\_\_\_ have read and agree to the following (initial each statement):

- I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. I also affirm that the information provided in the Financial Information portion of the application is true and correct. I acknowledge and agree that Community Action and Human Services Department reserves the right to verify my income and financial information supplied herein as a condition of any scholarship award.
  
- I consent to having my picture taken and used for any purpose deemed necessary to promote the Community Action and Human Services Department’s Scholarship Program.
  
- I understand that if chosen as a scholarship winner and according to the scholarship policy, I must provide evidence of enrollment/registration at an accredited, post-secondary institution before my scholarship funds can be awarded. If I am not enrolled in an educational institution during the Fall Semester, the scholarship award will be returned and another recipient will be selected.
  
- I acknowledge that the scholarship funds will be sent directly to my school’s Financial Aid Office on my behalf. I understand that this scholarship award is to be used solely and exclusively for the cost of tuition, books or other necessary expenses associated with the program in which I am enrolled.
  
- **I understand that if chosen as a scholarship winner, I agree to attend the Community Action and Human Services Department’s Annual Scholarship Award Banquet. If I am unable to attend, a representative will attend on my behalf.**

Signature of scholarship applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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