



COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT



2025 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 2025 school year. The deadline for submission is Friday, May 23, 2025. Achieving a higher education is an important life choice for young people and their families. CAHSD is offering 16 \$2,000.00 CAC scholarships and 50 \$1,500.00 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 2025.
- Applicants must reside in Miami-Dade County. Only applicants that reside in one of the following 16 target areas will be eligible for \$2,000.00 award: 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.
- 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. Any essay submitted that was included in a previous scholarship application will automatically be disqualified.**
 - a) What does Community Action mean to you? How have you contributed to your community?
 - b) What life experiences have shaped who you are today and what challenges have you overcome in achieving your education (i.e. financial, personal, medical, etc.)?
 - c) What stimulated your interest in your chosen major and what attributes do you possess that you feel would enhance your career?
 - d) Imagine yourself in 10 years from today. What goals and ambitions do you have for yourself, personally and professionally?
 - e) 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 23, 2025
to:

Miami-Dade Community Action and Human Services Department
Scholarship Program
Ursula Price, Director of Outreach & Engagement Division
701 NW 1st Court, 10th Floor

Miami, Florida 33136

Applications can also be e-mailed to cacscholarship@miamidade.gov



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SCHOLARSHIP APPLICATION

Please type or print in ink.

Deadline for Application: Friday, May 23, 2025

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) 2025 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 2025: full time part time

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).

(2) List Special honors/awards.

(3) List work or internship experiences.



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Financial Information

First Name: _____

Last Name: _____

COMMUNITY SERVICES BLOCK GRANT (CSBG) 200% OF POVERTY INCOME GUIDELINES	
Family Size	200%
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Add this amount for each additional person in the household with more than 8 people.	\$10,760

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 2024 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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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 Luncheon. If I am unable to attend, a representative will attend on my behalf.**

Signature of scholarship applicant: _____

Date: _____