In the name of Allah, the beneficent, the merciful

AMERICAN MUSLIM ALLIANCE OF FLORIDA INC.

9 SEAFORD PLACE, BOYNTON BEACH, FLORIDA, USA 33426. TEL: 561-966-6256

mchowdhury@americanmuslimalliance.org

Dear Applicant**,**

The American Muslim Alliance of Florida Inc. will be awarding total of $10,000 in scholarships to fifteen students to support Florida’s high school seniors in pursuing their college/university education. Top five students will receive a scholarship of $1,000 each and the next ten students will receive a scholarship of $500 each.

The following criteria must be adhered in order to qualify:

1. The applicant must be graduating from a public, private or home school within the state of Florida and entering college as a full-time student.
2. Students must have a cumulative **GPA** (not HPA) of at least 3**.**0. Attach official copies of school transcripts.
3. Two letters of recommendation from teachers of core subjects (limit to one page each).
4. Have your guidance counselor complete page 2.
5. Compose and type a one page, single-spaced essay stating why you should be awarded a scholarship, and why you plan to further your studies at a college or university.
6. Students complete page 4 and return it as well.
7. Scholarship Program is open for students of all faith and race.

**APPLICATION DEADLINE:**

All completed applications must be received by April 30, 2015. Applications received or postmarked after this date will not be considered.

Send completed applications to:

**American Muslim Alliance of Florida**

ATTN: Scholarship Committee

9 Seaford Place,

Boynton Beach, FL 33426

For further information, please contact

|  |  |  |
| --- | --- | --- |
| Mohammed Osman Chowdhury**President**(561) 523-0922**Vice-President**Ayub Ramjohn(561) 386-4840Rizwan Ismail(772) 342-7075 | Abul Bashar Bhuyan**Vice-President**(727) 458-0939Mohammed Sakir Ahmed**General Secretary**(561) 351-6163Akhtaruddin Chowdhury**Asst. Gen. Secretary**(561) 315-9495 | Daiyan Chowdhury**Hon. Member**(786) 277-7160Imran Aziz**Communication Director**(561) 767-6048Mohammed Jamal Uddin**Treasurer** (561) 351-7891 |

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STUDENT SCHOLARSHIP APPLICATION

To be filled out by applicant only

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MIDDLE INITIAL

Home ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET NAME CITY, STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HOME CELL PHONE

SOCIAL SECURITY NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OPTIONAL MM/DD/YYYY

HIGH SCHOOL ENROLLED IN:

EXTRA-CURRICULAR ACTIVITIES/ HONORS/ AWARDS (attach additional pages if necessary):

COLLEGE/ UNIVERSITY PLANNING TO ATTEND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTENDED AREA OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF MEMBERS IN THE FAMILY: \_\_\_\_\_\_\_\_\_\_\_

ANNUAL YEARLY FAMILY INCOME ( Place an X):

|  |  |  |
| --- | --- | --- |
| Below 30,000 | $40,001 to $50,000 | $60,001 to $70,000 |
| $30,000 to $40,000 | $50,001 to $60,000 | $70,000 and above |

THE APPLICANT CERTIFIES THAT I HAVE READ AND UNDERSTOOD THE CONDITIONS OF THE AMERICAN MUSLIM ALLIANCE OF FLORIDA’S CRITERIA TO QUALIFY FOR THE SCHOLARSHIP. IF I DO WIN THE SCHOLARSHIP, I ALL USE MONEY TO SUPPLEMENT MY EDUCATIONAL NEEDS.

SIGNATURE OF THE STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

IF APPLICANT UNDER THE AGE OF 18

PARENT/ GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

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COUNSELOR STATEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is going to graduate on \_\_\_\_\_\_\_\_\_\_\_\_\_, and has a current GPA of \_\_\_\_\_ and HPA of \_\_\_\_\_.

SAT score of \_\_\_\_\_\_\_\_\_ and / or ACT score of \_\_\_\_\_\_\_\_\_.

Additional Comments:

Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TIME & LOCATION

Saturday, 30th May 2015 @ 7:00 PM

**South County Civic Center**

16700 Jog Road,

Delray Beach,

Florida-33446

Telephone: (561)-495-9813



**A=** South County Civic Center

Are you going to attend the Graduation Dinner? Yes No

Number of guests accompanying the applicant? 1 2 3 4 5

Signature:

PLEASE RETURN THIS FORM WITH THE APPLICATION