

THE NINA HAVEN CHARITABLE FOUNDATION

PO Box 1978

Stuart, Florida 34995

Tel: (772) 919-5440

www.ninahaven.org

GRADUATE SCHOOL SCHOLARSHIP APPLICATION

(Please Print)

Name of Applicant _____ Email _____

Address _____
(Street) (City) (State) (Zip)

Home Phone # _____ Cell Phone # _____

DOB _____ Place of Birth _____ Age _____ Sex _____

Name of University _____ Graduation Date _____ Degree _____

GPA _____

College Information

Names of the colleges/universities you would like to attend in order of preference:

School _____ City _____ State _____

School _____ City _____ State _____

School _____ City _____ State _____

Other scholarships you have applied for or received (attach additional page, if needed):

_____ Applied: _____ Received: _____

_____ Applied: _____ Received: _____

Estimated total annual (college year) expenses at college

Tuition and Fees: \$ _____ Room and Board: \$ _____ Other: \$ _____

From what financial resources do you expect to meet the above expenses?

From parents? \$ _____

From own savings? \$ _____

From other sources? \$ _____

Work Experience

Employer/Position _____

Date From _____ To _____ Hours per week _____ Weekly earnings _____

Employer/Position _____

Date From _____ To _____ Hours per week _____ Weekly earnings _____

STATEMENT OF APPLICANT

Please attach a statement regarding you as a person, prospective graduate student, and future member of our community. Your statement should cover the following points:

- (a) Reason for attending graduate school and objectives;
- (b) Choice of college, areas of study and career plans;
- (c) Financial plan for meeting college expenses, including support from parent and other relatives;
- (d) Special family circumstances that should be considered;
- (e) What have you done since graduating from the University.

SCHOLASTIC TRANSCRIPT

Please attach your final transcript from your university. If you are already enrolled in your master's program, please provide a current transcript.

STATEMENT BY PARENTS

Name of Father _____ Name of Mother _____

Marital Status of Father _____ of Mother _____

Occupation of Father _____ of Mother _____

Name of Employer or Firm:

Father _____ Mother _____

Nature of business and position held:

Father _____ Mother _____

Email address:

Father _____ Mother _____

Total taxable income reported on your last tax return.

If filed jointly, your combined income: \$ _____

If filed separately: Father \$ _____ Mother \$ _____

Is home owned? _____ Value: \$ _____ Unpaid mortgage: \$ _____

Bank Accounts (Savings and Checking):

Father \$ _____ Mother \$ _____

Other investments, holding or assets: Value \$ _____

Applicant Signature _____ Date _____

By submitting this Application to the Nina Haven Foundation (the "Foundation"), and provided that the Applicant is awarded a scholarship from the Foundation, the Applicant hereby authorizes the release and use of the Applicant's name and photographs of the Applicant in press releases, information, brochures, publication, and advertising by the Foundation both now and in the future. This authorization includes all media, including but not limited to print, television, video, radio, and the internet. The Applicant shall not be entitled to any compensation for the use by the Foundation of the Applicant's name or photographs of the Applicant.

PLEASE NOTE: TO BE CONSIDERED FOR AN AWARD, FINANCIAL INFORMATION MUST BE FILLED OUT ACCURATELY AND COMPLETELY.

**THIS SCHOLARSHIP IS IN THE AMOUNT OF \$3,500. PER ANUM
AND
MUST BE APPLIED FOR EACH YEAR.**