



CONTACT WOSF FOR DEADLINE THIS YEAR

## The West Orange Scholarship Foundation

P.O. Box 770726  
Winter Garden, FL 34777-0726

### The WOSF Scholarship

The annual West Orange Scholarship Foundation Scholarships are based on academic achievement, community service, leadership good citizenship, and need. Each scholarship is valued at \$1000 per semester, renewable for 8 total semesters for a total of \$8000 toward a Bachelor's Degree at a University and/or \$500 per semester, renewable for 4 total semesters for a total of \$2000 toward an Associate's Degree at a State College.

#### To be eligible, you must:

- Be a senior at West Orange High School
- Be a student in good standing who has been accepted by, or has applied for and awaits acceptance to, at least 1 Public University or College in the State System of Florida
- Have a minimum GPA of 2.5 on a scale of 4.0
- Take the SAT or ACT
- Display traits of good citizenship
- Indicate involvement in school and community activities, including leadership roles
- Indicate one's goals for the future
- Express a need for funding by the WOSF
- Be a U.S. Citizen

#### Applications Must Include:

- Completed (***do not leave anything blank***) application form and the 300 - 500 word Personal Statement (essay) described thereon written on a separate page.\*
- Two letters of recommendation addressed to the WOSF, one school-based reference (counselor or teacher) and one community-based reference.
- An official High School Transcript (a copy from the Guidance Counselor is acceptable.)
- A copy of the first two pages of parent(s)' most recent Federal Income Tax Return or a copy of the FAFSA, Free Application for Federal Student Aid form.\*
- **Completed applications submitted to Beth Ielfield by March 3rd, 2025 @ 5pm.**

Eligibility is based on achievement and financial need to be determined at the discretion of the WOSF Board of Directors with awards announced in April or May. The number of scholarships awarded varies each year. Parameters for scholarship renewal are explained at the time of award presentation.

Upon completion of the application, and attachment of the Applicant's Personal Statement, please read and sign the statement below.

*I declare that information reported on this application is true, correct, and honestly presented.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**\* All personal and financial information will be kept confidential.**

Please submit Completed forms and documents to school college and career center by March 03, 2025 or mail to Beth Ielfield 6753 Point Hancock Dr. Winter Garden, FL 34787 by March 03, 2025.

Questions: [woscholarshipfoundation.com](http://woscholarshipfoundation.com)

**DEADLINE: MARCH 03, 2025 5pm**

**WEST ORANGE SCHOLARSHIP FOUNDATION SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Number City, State Zip Code*

E-mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

***Please note that if selected, your Social Security Number will be required.***

**COLLEGE APPLICATIONS FILED:**

College or University	City, State	Accepted (Yes/No)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**ACADEMIC RECORD**

Current Cumulative G.P.A.: Weighted: \_\_\_\_\_ Unweighted: \_\_\_\_\_

What is the lowest grade you received in Grade 11 or 12? \_\_\_\_\_

Name of Course: \_\_\_\_\_

**TESTING RECORD**

SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

Other (A.P., Achievement, etc.) \_\_\_\_\_

*Please state the reason if no scores listed:* \_\_\_\_\_

**Do you qualify for Bright Futures Scholarship?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Will you receive any other scholarships?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, will you receive full tuition?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have a Florida prepaid tuition account?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you participating in dual-enrollment?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many college hours will you have when you graduate high school? \_\_\_\_\_

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*Any applicant or recipient who at any time receives the University of Florida MACHEN Florida Opportunity Scholarship (MFOS) or any similar "fully paid" scholarship, at any college or university, will be disqualified from receiving WOSF funding. If this occurs, the applicant or recipient must notify the WOSF immediately. Though conflicting with the WOSF process, these awards are excellent opportunities and the WOSF congratulates any student who receives it.*

**EXTRACURRICULAR ACTIVITIES**

**School Related** – List the five (5) most important activities (including athletics)

	<b>Years Involved</b>	<b>Officer/Position Held</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Community Related** – List most important activities (including civic, church, etc.)

	<b>Hours Served &amp; Years Involved</b>	<b>Officer/Position Held</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Awards** - List the most important (School and/or Community)

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

**EMPLOYMENT HISTORY**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Where? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

How many years have you been employed? \_\_\_\_\_

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**PARENT INFORMATION**

**FAMILY INFORMATION**

Parent(s) / Guardian(s) : \_\_\_\_\_  
Last First M.I. Relationship

Student lives with: FATHER MOTHER BOTH PARENTS  
OTHER (Please list): \_\_\_\_\_

Number of children at home or at college:

Name	Age	School & Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENT/GUARDIAN FINANCIAL INFORMATION\*\***

Employer	Title/Job	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Please provide a copy of the first two pages of parent(s)' most recent Federal Income Tax Return or a copy of the FAFSA, Free Application for Federal Student Aid form.

List any other sources of income including stocks, bonds, interest income, trusts, 529 Plan, child support, or support from other family members.

- 1. \_\_\_\_\_ Amount: \_\_\_\_\_
- 2. \_\_\_\_\_ Amount: \_\_\_\_\_
- 3. \_\_\_\_\_ Amount: \_\_\_\_\_

Indicate any significant change in income that has occurred in the last year.  
\_\_\_\_\_ Amount: \_\_\_\_\_

Share other financial information, including hardships, to help the committee in its decision.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ASSETS/LIABILITIES**

Home Value: \_\_\_\_\_ Unpaid Mortgage: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

If renting, Monthly Rent Payment: \_\_\_\_\_

Business Value: \_\_\_\_\_ Stocks, Bonds Value: \_\_\_\_\_

Number of Cars/Trucks: \_\_\_\_\_ Car payments: \_\_\_\_\_

Payment on all Vehicles, Charge Cards, Loans: \_\_\_\_\_

*List any other items that might affect financial situation (medical or other personal factors):*

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**ESSAY**

Describe what you are like as a person, including information about your most significant accomplishments and future goals. You may include information about your extracurricular activities, volunteer community service, hobbies, interests, and paid employment, but please provide information to help the committee become acquainted with you in other ways than facts listed on this application form. State your need for this financial assistance and how receiving it will affect your life. State your plans for college and beyond. Essay submission reflects your ability to organize thoughts and express yourself, as well as demonstrating your writing skills. Please type or print your 300 - 500 word essay on a separate sheet of paper and attach it to this packet.

In addition to a **completed application packet**, applicants may attach a resume.

**CERTIFICATION**

I|WE DECLARE THAT THE INFORMATION REPORTED ON THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

*SIGNATURE OF PARENT(S) / GUARDIAN(S)*

\_\_\_\_\_  
Parent/Guardian (Please specify Guardianship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Please specify Guardianship)

\_\_\_\_\_  
Date

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