

DEADLINE: MARCH 03, 2026



The West Orange Scholarship Foundation

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

The WOSF Scholarship *Merit and Need Based Funding*

The annual West Orange Scholarship Foundation Scholarships are based on merit through academic achievement, community service, leadership, and 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 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 (See page 2)
- Display merit through traits of good citizenship and involvement in school and community activities, including leadership roles and/or awards
- Indicate one's goals for the future
- Express a need for funding by the WOSF and/or how funding will affect your future
- Be a U.S. Citizen

Applications Must Include:

- Completed (***do not leave anything blank***) application form and the 400 - 600 word Personal Statement (essay) described therein 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. If unavailable, a copy of page one of the FAFSA form displaying your SAI value.*
- **Completed applications submitted by March 3rd, 2026.** See details below.

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.**

**** The WOSF seeks authentic, personal narratives. The WOSF will comply with OCPS Artificial Intelligence (AI) policy. The WOSF asks applicants to also comply with OCPS AI policy.**

Please submit completed forms and documents to the WOHS College and Career Center
OR mail to WOSF, P.O. Box 770726, Winter Garden, FL 34777-0726 by March 03, 2026.

Questions: woscholarshipfoundation.com

EXTRACURRICULAR ACTIVITIES

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

| Activity | Years Involved | Officer/Position Held |
|----------|----------------|-----------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

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

| Activity | Hours Served & Years Involved | Officer/Position Held |
|----------|-------------------------------|-----------------------|
| 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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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. If unavailable, please provide the first page of your FAFSA (Free Application for Federal Student Aid) form to provide your SAI (Student Aid Index) value.

List any other sources of income you will use to pay for college.

1. _____ Amount: _____
2. _____ Amount: _____
3. _____ Amount: _____

Indicate any significant change in income that has occurred in the last year.

N/A _____ If not applicable, skip to next section.

Change: _____ Amount: _____

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

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The West Orange Scholarship Foundation seeks authentic, personal narratives. We want to hear your story. We pursue information describing what you are passionate about, what has shaped your life, what your goals are, and how our funding will affect your life. Please follow the essay prompt below, however, know that submitting an essay largely generated by AI is likely to be detected and can disqualify an applicant. The WOSF will comply with the OCPS Artificial Intelligence policy, and we ask applicants to do the same.

ESSAY PROMPT

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 400 - 600 word essay on a separate sheet of paper and attach it to this packet.

JIMMY CRABTREE CANCER FOUNDATION SPONSORSHIP

Have you or your family been directly affected by cancer? If so, you may qualify for a specially sponsored scholarship. Please attach a separate statement describing your cancer-related situation. All page one eligibility criteria, funding amounts, and renewals remain applicable. We thank you in advance for sharing your story with us.

CERTIFICATION

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

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

SIGNATURE OF PARENT(S) / GUARDIAN(S)

Parent/Guardian (Please specify Guardianship) Date

Parent/Guardian (Please specify Guardianship) Date

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