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

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WEST ORANGE SCHOLARSHIP FOUNDATION SCHOLARSHIP APPLICATION

Name: _____
Last *First* *Middle*

Address: _____
Street Number *City, State* *Zip Code*

E-mail Address: _____

Cell Phone: (_____) - _____ -_____ Alternate 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 class was your lowest grade Jr or Sr year? _____Grade_____

What class was your favorite Jr or Sr year?_____

TESTING RECORD: SAT: _____ ACT: _____

Other (AP, AICE, 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 _____
Have you applied for a "full ride" scholarship such as the MFOS (Machen Florida Opportunity) or similar? Yes _____No_____

Do you have a Florida prepaid tuition account? Yes _____No _____

Are you participating in dual enrollment? Yes _____No _____
If yes, how many college hours will you have at high school graduation? _____

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.

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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.

_____

_____

_____

_____

All personal and financial information will be kept confidential.

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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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