



**MBF's Commissioner Willy Gort Scholarship Program**  
**Description and Application**

**This form must be returned in its entirety**

**Submit applications to:**  
**Alison Grewe**  
**Miami Bayside Foundation**  
**25 SE 2<sup>nd</sup> Avenue, Suite 240**  
**Miami, FL 33131**



**MBF's Commissioner Willy Gort Scholarship  
Program Criteria**

**ADMINISTRATION OF THE PROGRAM**

The scholarship is independently managed by the Miami Bayside Foundation (MBF) who receives processes, and evaluates applications. All information and academic records submitted in the application process are kept in strict confidence and retained by the Miami Bayside Foundation.

**CONDITIONS OF ELIGIBILITY**

Applicants must be:

1. Residents of **Commissioner Willy Gort/District 1** in the City of Miami (see attached map)
2. United States citizens or permanent residents.
3. Planning to attend or attending George T. Baker Technical College, Lindsey Hopkins Technical College, or Miami Dade College. Continuing/already enrolled students at the three colleges must have a minimum cumulative GPA of 2.5 to qualify. Programs covered at these schools are listed in addendum.
4. All applicants must have completed the Free Application for Federal Student Aid (FAFSA) unless enrolling in a certificate program below 450 hours that do not qualify for Financial Aid and the Federal Pell Grant and/or applicants without High School Diploma or GED.

**THE APPLICATION PROCEDURE**

Applicants must:

1. Meet all eligibility requirements.
2. Complete the application.
3. Send all application materials together to:

**Kathleen Murphy**

**Miami Bayside Foundation  
25 SE 2<sup>nd</sup> Avenue, Suite 240  
Miami, FL 33131**

**THE SELECTION PROCESS**

The determinations will be made using the applicants' abilities to demonstrate dedication to scholarship; their participation and excellence in school and community activities; and the students' personal statements defining goals and exhibiting energy and dedication to a plan.

**THE ACADEMIC AWARDS**

MBF's Commissioner Willy Gort Scholarship Program is expecting to award \$200,000 in scholarships in the 2017-18 academic year. The scholarship covers the tuition, fees, and course material for eligible students. An additional stipend of \$500 per trimester will be available for students who qualify.

**ANNOUNCEMENT & DISTRIBUTION OF AWARDS**

Recipients will be notified on a rolling basis.

**RESPONSIBILITIES OF THE APPLICANTS**

Applicants to the MBF's Commissioner Willy Gort Scholarship Program should remember that it is their sole responsibility to:

1. Gather and submit all information necessary for the Miami Bayside Foundation to select the recipients.
2. Ensure that all material is sent to the Miami Bayside Foundation.

**FOR ADDITIONAL INFORMATION**

Contact: Kathleen Murphy  
Miami Bayside Foundation  
(305)379-7070 Ext.205  
Kathleen@MiamiBaysideFoundation.org

**Miami Bayside Foundation's Commissioner Willy Gort  
Scholarship Program**

1. Please print or type all information. Do not forget your Social Security number.
2. If space provided is inadequate, please attach additional papers to the application.
3. School, community and work experience relating to the last two years.
4. All data you submit in support of this application becomes property of the Miami Bayside Foundation.
5. Make sure you include all the information required.

**APPLICANT DATA**

Ms.  Mr.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PARENT DATA (if under 21)**

Ms.  Mr.  Mrs.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*If different from applicant's address*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**HIGH SCHOOL DATA** (If graduated in last 12 months)

Cumulative GPA: \_\_\_\_\_ (on a unweighted 4.0 scale) Rank in class: \_\_\_\_\_ out of \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

**COLLEGE DATA**

Which College will you be or are you currently attending: \_\_\_\_\_

Which Program: \_\_\_\_\_

Expected start date: \_\_\_\_\_ Expected Graduation/Completion Date: \_\_\_\_\_

**SPECIAL NOTE**

Applicants must meet all eligibility requirements and submit an official transcript of grades.

School and Community Service Activities

List all school and community activities for the last two years.

Activity	Years	Honors/Award

Work Experience

List all work experience, part and full-time for the last two years.

Employer/Position	From Mo/Yr to Mo/Yr	Hours per week

Statement of Goals and Aspirations

Use this space to write a statement that reflects your dedication to scholarship and your participation and excellence in both school and community activities. Additionally, state why you wish to continue your education; define your career goals and your plan for achievement.

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The signatures below affirm that all the information provided in this application and supporting documents is true and complete to the best of our knowledge. If requested, we will provide proof. Failure to do so shall invalidate this application and result in the termination of any aid granted.

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Signature of Applicant	Date	Signature of Parent/Guardian If under 21	Date
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Signature of Principal (If graduated from High School in 2017)      Date

Your request becomes valid only when this application and all supporting documents are submitted to the Miami Bayside Foundation.