

**Instructions:**

**BETTY BELL SCHOLARSHIP APPLICATION FORM**

3333 Forest Hill Blvd., West Palm Beach, FL 33406  
(561) 721-2887 www.FamiliesFirstpbc.org



**Families  
First**

OF PALM BEACH COUNTY

- Please type or clearly print the following information. Turn in completed application, with all applicable signatures. If this form is incomplete, inaccurate, or not signed, it will not be considered.

**Personal Information:**

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Academic Information:**

College: \_\_\_\_\_ Semester for which application is being made (Term and Year): \_\_\_\_\_

Credit Hours Earned to Date: \_\_\_\_\_ Intended Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Credit hours to be taken during semester for which scholarship is awarded: \_\_\_\_\_

Have you ever been convicted of, or plead guilty, adjudication withheld, *nolle prosequi* or *nolo contendere* to a crime?  Yes  No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge?  Yes  No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition): \_\_\_\_\_

**Authorization Information:**

\_\_\_\_\_  
(Initial) If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the Betty Bell Scholarship.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Families First of Palm Beach County Use Only:**

Chief Executive Officer Signature: \_\_\_\_\_

Scholarship Awarded: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

1- List the secondary school from which you graduated and the degree you achieved.

School	Location	Dates

2- List college and high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance. You will have space for eight college and four high school activities.

College Activity	Dates	Offices

High School Activity	Dates	Offices

3- List public service and community activities (racial justice services/activities, homeless services, children and family elder affairs, substance abuse /recovery, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List in descending order of significance. You will have space to list six.

Activity	Roles	Dates	# of Weeks Active

4- List part-time and full-time jobs and internships since high school graduation.

Type of Work	Employer	Dates	Average # of Hours/Week

5- List awards, scholarships, publications, or special recognitions you have received. List in descending order of significance.

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6- Describe the problem or needs of society with a focus on children and families you want to address when you receive your bachelor's or master's Degree

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7- What are the three most significant courses you have taken in your bachelor's or master's program with a focus on working with children and families in preparation for your career? Briefly explain why these courses were most significant

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8- What do you hope to do in the field of social work, working with children and families, and what position do you want upon completing your graduate studies? *Limit 900 characters including spaces*

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9- What do you hope to accomplish in your position and your concentration area in children and families in the next five to seven years later?  
*Limit 900 characters including spaces*

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10- What additional personal information do you wish to share with the Families First Scholarship Committee  
Limit 2000 characters including spaces

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11- Please attach a letter of recommendation from a professor, mentor, or current supervisor