



**HONOR ROLL 100 / CHARLEY P. TOPPINO MEMORIAL AWARD  
GREATER KEY WEST CHAMBER OF COMMERCE  
SCHOLARSHIP APPLICATION**

***Personal Information:***

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

Permanent Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ # of years attending Key West High School \_\_\_\_\_

Are you a Florida Resident? Yes No Are you a resident of Monroe County? Yes No

***Prospective College Information:***

Please list the colleges to which you have applied. If planning on attending Community College, please also list the colleges to which you plan on applying to after you obtain your Associates of Arts degree (AA):

Institution	City/State	Accepted (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your expected major? \_\_\_\_\_

What is your high school grade point average (4.0) \_\_\_\_\_ (weighted only)

Number of high school credits at the end of 8 semesters? \_\_\_\_\_

Class Rank \_\_\_\_\_ of \_\_\_\_\_ (weighted only)

SAT Score: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Date Taken \_\_\_\_\_

ACT Composite Score \_\_\_\_\_ Date Taken \_\_\_\_\_



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Please list any Advanced Placement (AP) or college courses you have taken or are currently enrolled in: \_\_\_\_\_

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Are you currently employed? \_\_\_\_\_ If so, where, in what capacity, and how many hours per week? \_\_\_\_\_

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Do you plan to be employed while attending college? \_\_\_\_\_

What are your anticipated annual expenses? \_\_\_\_\_

List your anticipated income from scholarships, savings, family assistance, employment, etc. Please include any monies or benefits you may receive from The Florida Bright Futures Scholarship Program or the Take Stock in Children:

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List any anticipated income or monetary distributions from the Florida Prepaid or 529 Savings Plan?

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How do you plan on using money if you should review the Honor Roll 100/Charley P. Toppino Memorial Award?

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The scholarship sub-committee reviews all applications as a collective group. A major component of this scholarship is the student's ability to express a sincere financial need within the application for review. To answer the following question, you may want to discuss your current financial situation with those involved in financing your current college track, if any. **Please state in detail your current financial need for this scholarship?**

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List in order of importance all extracurricular activities, school or community, in which you have participated during your high school career: (Do not include employment.) You may attach more information if you wish.

	Activity	Dates of Participation	Offices Held
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Total number of reported hours of community service: \_\_\_\_\_



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List all honors or awards you have received during high school: \_\_\_\_\_

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List the names, addresses and telephone numbers of three individuals (not relatives) who may serve as references. These people should know you and your academic record well. One must be a teacher or administrator from your high school and a letter of recommendation is required from this person. The other two do not need to provide a letter.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

On a separate sheet of paper, please state your contribution to the community, and also your school, civic and religious activities, and why you wish to be considered for this scholarship. Include your plans and goals for the future, and how you hope to achieve them. (Maximum length of one page typed and double spaced.)

Please sign and date this application and attach a certified copy of your high school transcript. The scholarship grant check will be payable when the student forwards a copy of class registration to the Greater Key West Chamber of Commerce. The Chamber of Commerce will provide a letter stating monies will be forthcoming.

Signature: \_\_\_\_\_ Date \_\_\_\_\_