



LEE COUNTY RED SOX SCHOLARSHIPS 2021 APPLICATION

BACKGROUND

The Lee County Red Sox Scholarship is an honor awarded by the Red Sox Foundation, the official team charity of the Boston Red Sox. In 2021, the Foundation will award a \$5,000 scholarship to 14 academically talented Lee County public high school seniors who have demonstrated a commitment to community service.

ELIGIBILITY

- Legally enrolled as a full-time **12th grade student** in the **Lee County School District** for School Year 2020-21.
- Demonstrates strong **academic talent** and **financial need**.
- Demonstrates **strong commitment to community service**.
- Submits this application by **Friday, March 12, 2021**.

Applications must be received, along with required documents (see Section 8), by **Friday, March 12, 2021 at 11:59pm**. Please submit all of your materials to FLScholarship@redsox.com by the deadline.

TERMS OF AWARD

All decisions made by the Scholarship Selection Committee are final. A student selected for a 2021 Scholarship will be required to sign a *Terms and Conditions Agreement*, which details the requirements for the Lee County Red Sox Scholarship. Access to scholarship funds is contingent upon the Scholar's continued enrollment in an accredited college or university, display of good citizenship, and adherence to the requirements set forth in the *Terms and Conditions Agreement*. Failure to comply with the *Agreement* may result in partial or full loss of scholarship eligibility and/or dismissal from the Program. Scholarship funds are only paid directly to the school, never a private individual. By applying for the Scholarship, I grant my school and/or district permission to share relevant information with members of the Red Sox Foundation.

By signing below, you acknowledge you have read and understand the above Terms of Award:

Applicant Signature: _____ Date: _____

Applicant Name (print): _____

Parent/Guardian Signature*: _____ Date: _____

Parent/Guardian Name (print): _____

**Required if applicant is not 18+ years old.*



1. PERSONAL INFORMATION

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Gender: _____

Which of the following categories best describes how you identify yourself (select all that apply)? *(optional)*

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Decline to self-identify |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Black or African American | |

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

2. PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

Employment Status:

Job Title & Employer: _____

Highest Level of Education Completed:

Parent/Guardian 2:

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

Employment Status:

Job Title & Employer: _____

Highest Level of Education Completed:

Who do you live with? Both Parent/Guardians One Parent/Guardian Other: _____



3. FINANCIAL & HOUSEHOLD INFORMATION

2020 Annual Household Income: \$ _____

Please list your household income according to your parent/guardian(s) tax return(s).

Income Sources (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Unemployment Benefit |
| <input type="checkbox"/> Self-Employment Income | <input type="checkbox"/> Veterans Benefit |
| <input type="checkbox"/> Transitional Assistance for Needy Families (TANF) | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Social Security (SS) | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Alimony/Child Support |
| <input type="checkbox"/> Other: _____ | |

Is there anything else that you'd like us to know about your or your family's financial situation?

Housing Type: _____ If other, please explain: _____

Number of Household Members: _____

How many household members are under the age of 18? _____

How many household members will be in college next school year (2021-22)? _____

Student Aid Report:

Upon submission of your scholarship application, a member of our team will reach out with instructions via email for you to submit your Student Aid Report. In the meantime, please use the space below to list your Expected Family Contribution ("EFC"), which you should have received after completing your FAFSA.

Expected Family Contribution: \$ _____

4. ACADEMIC INFORMATION

High School: _____

Guidance Counselor Name: _____

Guidance Counselor Phone: _____ Email: _____

How many students are in your senior class? _____ If your school ranks students, what is your rank? _____

My school doesn't rank students.

Official Transcript:

- I will include my Official Transcript when I submit my application.
- My high school will be submitting my Official Transcript separately from my application.



5. COLLEGE INFORMATION

Name of Institution(s) & Application Status:

Please list all higher education institutions to which you have applied in order of preference.

Name of Institution	Application Status

6. COMMUNITY SERVICE INFORMATION

Please describe your involvement in your community using the space below.



6. ESSAYS

This application requires submission of two essays.

Essay #1: Community Service

Please include a 500- to 1,000-word essay describing the importance of community service to you.



Essay #2: Personal Statement

Please upload a maximum 500-word personal statement telling us something about you that we would not know from this application. You may use the same personal statement that you submitted for your college applications.



7. APPLICANT'S STATEMENT

All information in each portion of this application is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated in this form, including a copy of my parent/guardian(s)'s and/or my prior year's tax return if requested.

- I have read and agree to the Applicant's Statement above, and I agree to be bound by all the Terms and Conditions of the Lee County Red Sox Scholarship Program should I be selected as a recipient.

Applicant Signature: _____ Date: _____

Legal Name of Applicant: _____

8. REQUIRED DOCUMENTS

Please include the following documents as attachments when submitting your application:

Required Documents:

- Your Official Transcript

Upon submission of your scholarship application, a member of our team will reach out with instructions via email for you to submit your Student Aid Report.

Optional Documents:

- Your Resume

9. SUBMITTING YOUR APPLICATION

Applications must be received, along with required documents (see Section 8), by **Friday, March 12, 2021**. Please submit all of your materials to FLScholarship@redsox.com by the deadline.



Red Sox Foundation | 4 Jersey Street, Boston MA 02215
RedSoxFoundation.org | [@RedSoxFund](https://twitter.com/RedSoxFund) | [f Red Sox Foundation](https://www.facebook.com/RedSoxFoundation)

