



**TOWN OF LOXAHATCHEE GROVES
SCHOLARSHIP FUND COMMITTEE
SPECIAL NEEDS SCHOLARSHIP APPLICATION
2020 ACADEMIC YEAR**

The Town of Loxahatchee Groves is offering up to ten (10) \$1,000 scholarships to graduating seniors and/or special needs students (physical or mental disabilities) residing in the Town of Loxahatchee Groves. Applications for scholarships may be made for two (2) or four (4) year accredited colleges/universities, vocational/technical schools, and/or special needs programs.

CRITERIA

1. Applications downloaded are preferred at www.loxahatcheegrovesfl.gov. Typewritten applications must follow the document's format. Any questions please call Town Clerk at 561-793-2418. **Only typewritten applications will be accepted. Font size 12.**
2. All applications must be signed by the applicant (or guardian), and the applicable physician for special needs applicants.
3. All completed applications must received no later than Wednesday, April 8, 2020 to the Clerk's Office in Town Hall by 6:00 p.m.
4. **No attachments, except proof of residency*. Any attachments will be reason for disqualification.**

APPLICANT'S NAME: _____

ADDRESS: _____

E-mail Address: _____

TELEPHONE NUMBER: _____

SCHOOL ATTENDING (if applicable): _____

Applicant's (guardian's) signature Date

****Applicant must provide proof of residency for two (2) years in the Town of Loxahatchee Groves WITH this application. New residents will be considered at the discretion of the Town Clerk.****

**Mail/return to: Town of Loxahatchee Groves
 Attn: Scholarship Fund Committee
 155 F Road
 Loxahatchee, FL 33470**

OR by email to: lburch@loxahatcheegrovesfl.gov

Applicant is applying for a certified educational therapeutic program to:

(Name of program, institution)

I hereby ascertain that (applicant's name):

_____ **may enroll in the above program by signing below.**

1) Primary diagnosis: _____

2) Physician's signature: _____

3) Print Physician's name & contact info: _____

I attest that the information presented in this application is true to the best of my knowledge.

Applicant's (Guardian's) Signature

Date

**Director of Certified Educational
Therapeutic Program's Signature**

Date

Please note that scholarship checks will be made out to recipient of award and all scholarship funds must be used within six (6) months of issuance.