FLORIDA LEAGUE OF IB SCHOOLS STUDENT SCHOLARSHIP GUIDELINES 2013

- 1. Each school's scholarship application/nomination package is due by Friday, 25 January 2013. No late or incomplete applications will be accepted.
- 2. Enclose seven (7) copies of each application, without extras, and send to the following address:

Florida League of IB Schools c/o Ralph Cline, Exec. Director FLIBS 1732 Pine Hill Court Safety Harbor, FL 34695

Courier service is strongly recommended.

- 3. Applicants must be IB Diploma candidates from schools that are official FLIBS members in good standing.
- Two applications from each school are accepted per year. Applications may be 2 Merit, 2 Need-based or 1 Merit/1 Need. Only Need-based applications should include page 4. Coordinators should verify applicant's financial need information
- 5. The FLIBS Executive Board annually determines the total amount of scholarship monies available in any given year. The full FLIBS Executive Board determines the composition of the Scholarship Committee.
- 6. The FLIBS Scholarship Committee reviews, approves, and selects the scholarship recipients each year. This committee annually determines each scholarship award, not to exceed \$2000. Scholarship committee members must not participate in the consideration of scholarship applications from their own schools.
- 7. The FLIBS Scholarship Committee gives greater credence to the subjective attributes of the individual applicants, as they personify the ideals of the International Baccalaureate Diploma Program, than to any formula of quantitative criteria.
- 8. The FLIBS Scholarship Committee reviews applicants at the February meeting of FLIBS and announces awards no later than 1 April. Awards are made directly to the recipient. FLIBS does not restrict the use of the award.
- 9. The FLIBS Executive Board has the authority to review all decisions of the Scholarship Committee, including appeals from nominating schools.
- 10. The following items must be included in each application packet:
 - Completed application (Page 4 only for Need-based)
 - Double-spaced, typed essay, not to exceed 500 words
 - Completed release form with <u>signatures and dates</u>
 - DP Coordinator/Counselor recommendation on school letterhead
 - IB Teacher recommendation on school letterhead

FLORIDA LEAGUE OF IB SCHOOLS SCHOLARSHIP APPLICATION 2012-2013

Merit	Need
	(Check one.)
Student Name	_Student Signature
Street Address	
City	State <u>FL</u> Postal Code
School	IB Diploma Coordinator
A. List the top 4 colleges to which you have applied	d:
(1)	3)
(2)	4)
B. Name the two faculty members who support yo	ur nomination:
(1)	
IB Coordinator/Counselor	Teacher
(2)	
(4)	
(5)	
(6)	
D. List and describe the top 3 school (including atl have participated. (No attachments will be con <u>Activity</u>	
1)	
2)	
3)	

E. Essay

On separate paper, attach your typed, double-spaced response (500 words maximum) to the following prompt:

According to the IB Mission Statement, the "International Baccalaureate aims to develop inquiring, knowledgeable and caring young people who help to create a better and more peaceful world through intercultural understanding and respect." Clearly explain with explicit examples how your IB experience has made you an "active, compassionate and lifelong learner" in accordance with the IB Mission Statement.

FLIBS SCHOLARSHIP RELEASE FORM

(This page is to be completed by the student and parent/guardian. Please note: <u>Signatures</u> and <u>dates</u> are required.)

Scholarship Nominee		
Street Address		
City	State	Zip
School		
IB Coordinator		

I hereby grant the release of record information contained in the nomination documents and further grant permission to release announcement or any award to the media.

(Nominee's signature)	(Date)
(Parent's/Guardian's Signature)	(Date)

This page is required for Need-Based Nominees only.

FLIBS SCHOLARSHIP APPLICATION 2012-2013

(All seven parts of this page are to be completed by the student and parent/guardian.)

ame:				
chool:				
1. Parent/L Father —	-		-	
2. Please in education Fat	onal bac	0	d.	f 3. Who has been the primary caregiver(s) for most of your life? (Check all that apply) MotherFatherGrandparents
High School	None	Some	Degree	Other Explain
College Other				4. Please indicate, for the most recent tax year, the family's gross income. Include both untaxed and taxed income.
Mother/Legal Guardian None Some Degree			Less than \$20,000 \$40,000 - \$59,000 \$20,000 - \$39,000 \$60,000 - \$79,000 More than \$80,000	
High School College				5. How many people, including the applicant, live in the household? (Include brothers and sisters attending college)
Other				attending college)

6. Student: Describe any extenuating circumstances that would assist the committee as they evaluate your application. (Use reverse side if necessary.)

7. I certify that this information is accurate.					
Nominee's signature		Date			
Parent's/Guardian's signature		Date			