

PASCO PEDIATRIC FOUNDATION



Pasco Pediatric Foundation Challenge Scholarships

Pasco Pediatric Foundation has two different Challenge Scholarships: one for students going on to a College or a University and one for a student going on to a Vocational/Technical School after high school. The student must start school within one year of receiving the scholarship.

The Guidance Counselor or School Nurse should fill out their section for the appropriate scholarship. The Student section is the same for both.

1. Pasco Pediatric Foundation's "Challenge Scholarship" is specifically geared to encourage high school seniors who have challenges to overcome as they seek higher education.
2. Pasco Pediatric Foundation's "Michelle Evers memorial Scholarship" is for a student going to a Vocational/Technical School after high school.

If your student is selected for a scholarship, PPF will need the name, address and phone number of the school the student will be attending as well as the department at the school where the check is to be mailed.

Please email the completed application by [April 10, 2017](#), to the attention of Felicia Byers-Webb: fbwebbsite@aol.com.

If you have any questions, please contact Felicia Byers-Webb: Phone # [727-846-0299](tel:727-846-0299).

Pasco Pediatric Foundation Challenge Scholarship Award Application

Last Name:

First Name:

Student's Address:

School:

I.D.#

School Phone:

Student Phone:

Student GPA:

**Amount of Scholarship
\$1,000 to \$1,500**

Name of School Contact:

Email Address of School Contact:

Name of Pasco Pediatric Foundation Contact: Felicia Byers Webb

Email: FELICIA <fbwebbsite@aol.com>

Guidance Counselor/School Nurse Section:

1. Explain why you are recommending this student. Please be specific about the adverse conditions impacting the student's life.

2. Describe how this student has been involved in helping others through community service.

Pasco Pediatric Foundation
The Michelle Evers Memorial Scholarship
For a student going to a Vocational Technical School after High School

Last Name:

First Name:

Student's Address:

School:

I.D.#

School Phone:

Student Phone:

Student GPA:

Amount of Scholarship
\$500

Name of School Contact:

Email Address of School Contact:

Name of Pasco Pediatric Foundation Contact: Felicia Byers Webb

Email: FELICIA <fbwebbsite@aol.com>

Guidance Counselor/School Nurse Section:

1. Explain why you are recommending this student. Please be specific about the adverse conditions impacting the student's life.

2. Describe how this student has been involved in helping others through community service.

Student Section

Pasco Pediatric Foundation Scholarship Application
School Year _____

(This section should not be handwritten. Use as much space as you need when answering questions.)

Student Name:

- 1. What are your goals after high school, and how would this scholarship help in attaining your goals?**
- 2. Please list all recognitions, clubs, community groups, service organizations, etc. in which you have been involved. (You may attach your high school resume.)**
- 3. How do you plan on funding your higher education goals? Will you be receiving scholarships from other organizations?**
- 4. Briefly explain how you have overcome adverse conditions impacting your life.**
- 5. How have you been involved in helping others and what have you gained from the experience**