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## **Pasco Pediatric Foundation, Inc.**

### **Challenge Scholarship Award Application**

Pasco Pediatric Foundation, Inc. has two different Challenge Scholarships, each geared to encourage high school seniors who have challenges to overcome as they seek higher education. One is 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, Career Specialist or School Nurse should fill out their section of the challenge scholarship application. The Student section should be filled out by the student.

1. The Pasco Pediatric Foundation "Challenge Scholarship" is for students planning to go to a college or university after high school.
2. The Pasco Pediatric Foundation "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 require another form to be filled out with 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 and the student's ID number. This form will be given to the student when the scholarship is presented.

**Please email the completed application by [April 12, 2023](#), to the attention of The Scholarship Committee: [info@pascokids.org](mailto:info@pascokids.org)**

If you have any questions, please call Phone # [727-863-2266](tel:727-863-2266). Please leave a message with your name and valid phone number, and Jeanne Hoidalén will call you back as soon as possible.

Pasco Pediatric Foundation, Inc.

Challenge Scholarship Award Application

**Last Name:**

**First Name:**

**Student's Birth Date:**

**Student's Address:**

**School:**

**I.D.#:**

**School Phone:**

**Student Phone:**

**Student Email:**

**Student GPA:**

**Name of School Contact:**

**Email Address of School Contact:**

**Name of Pasco Pediatric Foundation Contact: Jeanne Hoidalen Email:**

[info@pascokids.org](mailto:info@pascokids.org)

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**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, Inc.

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?**