Requirement: Applicant is a burn survivor that has attended Camp TeQuesta as a participant. Please use only black ink or the font color black to fill out the application.

Name:			
Last Name	First Na	me	Middle Name
Date of Birth:		Sex: M or F Race	e:
Address:			
City:	State:	Zip (Code:
Social Security Number:			
Cell Phone Number:			
Email Address:			
Family Income (includes all income inclu	iding child suppo	ort):	
Previous Year:	Present Yea	nr:	
Will you be a full-time student for the cal	endar year 2024-	2025?	
List of all high schools, colleges and trade Name, City & State Period of A Degree Completed		O I	ht

Please list contributions and service to your community and or school:

I have contributed to my community by volunteering at rehabilitation centers, organizing accessibility awareness campaigns and assisting individuals with disability through mentorship and advocacy. In my school, I have participated in student organizations, supported peers in learning about rehabilitation and helped organize inclusive events promoting accessibility.

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Please list contributions and services to your community and or school: (continue)		
Please list honors, awards or other areas of merit.		
In the space provided, state financial need for assistance:		
Please provide a paragraph explanation of your professional goals:		

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Please provide a paragraph explanation of your professional goals: (continue)		
Please briefly explain how you would benef	fit from these funds:	
All the information provided is true and co authorized official, I agree to provide prod Any falsification will result in ineligibility f	omplete to the best of my knowledge. If asked by an of of the information that I have given on this form. For funds.	
Signature	Date	

Congratulations! You have completed your scholarship form. We are excited that you are applying for assistance in your ongoing education process. The Children's Burn Foundation of Florida, Inc. hopes to provide support and encouragement to our burn survivor participants.*

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After completion of this form, return no later than April 30th of the same calendar year. Please email it to me at castankovitz@gmail.com

The board of directors will make scholarship decisions. Applicants will be notified by May 30th of the same calendar year.

Scholarship Acceptance & Disbursement Protocol: When you are approved for your scholarship, please have the following information in this order listed in your email to me at castankovitz@gmail.com for us to forward your scholarship funds to the college / trade school of your choice.

In your email:

Your full name: First Name, Middle Name & Last Name

Your Student Identification Number

The college / trade school name, the scholarship contacts person's name, address, phone number & email address

On the official college / trade school letterhead:

Have your full name & student identification number listed. Have your college / trade school policy for the distribution of our scholarship funds for your education. Answer these two questions: Where do we mail our scholarship check to? What is the return policy of our funds if you leave the school? At completion, attach the college / trade school official letter from the scholarship representative with all the above information on their letterhead. Please email it to me at castankovitz@gmail.com

Awards will be distributed by August 20th of the same calendar year. If you have any questions about completing this process, please contact me. Thank you and good luck honey bunny! oxxo CA

Carrol Ann Stankovitz, Camp Coordinator Children's Burn Foundation of Florida, Inc. 1122 SW 2nd Street Boca Raton, Florida 33486-4550228 Cell Telephone Number: 561-756-6119

Home Telephone Number: 561-392-1275

Email: castankovitz@gmail.com

^{*}It may be required that we have a telephone conversation prior to the scholarship to be awarded.