



Big Brothers
Big Sisters.
OF BROWARD COUNTY

2025-2026 Scholarships

APPLICATIONS ARE OPEN!

The Big Futures program is dedicated to empowering High School Bigs and Littles by providing essential tools for success throughout their secondary education journey. Thanks to the generous funding and support of donors, we are thrilled to announce the availability of scholarships for students enrolled in our programs, aimed at pursuing various post graduation opportunities, including apprenticeships, trade schools/technical certificates, or associate's and bachelor's degrees.

What You Need to Apply: Transcripts, Letters of recommendation, and FAFSA confirmation required - start today!



Women on the Verge Big
Futures Scholarship
Due March 1st, 2026



Florida Prepaid College
Foundation Path to
Prosperity Scholarship
Powered by
Florida Power & Light
Due January 31st, 2026



Coke Florida
Refreshing Minds
Scholarship
Due January 31st, 2026



Ana G. Méndez
University Presidential
Class Scholarship
Due March 1st, 2026

Contact:
Gabrielle Guy, Big Futures Program
Manager
gabrielleg@bbbsbroward.org

Virtual Office Hours Available

WHAT THIS SCHOLARSHIP COVERS

You must attend a program in Florida

College, university, or vocational/technical institution

Out-of-state schools aren't eligible for this scholarship. Private schools have an important consideration.

2-Year Florida College Plan

Covers 60 credit hours of tuition and fees at a FL public college

OR

4-Year Florida University Plan

Covers 120 credit hours of tuition and fees at a FL public university

If you already have a purchased Florida Prepaid Plan or a scholarship from Take Stock in Children, you are not eligible to apply.

Florida Prepaid scholarships are not stackable with each other. For example, two 2-year plans cannot be combined to create a 4-year plan. However, a Florida Prepaid scholarship can be used alongside other scholarships or financial aid.

For questions, email danprinzing@bbbsflorida.org

Covers credit hours only!

Does NOT include books, housing, meal plans etc.

Apply to FAFSA even if you think you won't qualify.

If any tuition or fees go beyond the plan amount, you're responsible for the difference.

DO YOU LIVE / GO TO SCHOOL IN:

33009	33309
33020	33311
33023	33312
33024	33313
33060	33317
33064	33319
33065	
33068	



**Juniors &
Seniors
only!**

PROOF OF ECONOMIC ELIGIBILITY

Option # 1

1

Have a temporary emergency Medicaid ID card

- **Students** first and last name is on the Medicaid card
- The dates in the "For Period" section fall within today's date/ the date you submit the application

STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
TEMPORARY EMERGENCY MEDICAID IDENTIFICATION CARD

FOR PERIOD 02/01/2024 - 02/28/2024	DIST/CO/UNIT 10/06/411	WORKER NAME [REDACTED]	PHONE NUMBER [REDACTED]
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MEDICAID ELIGIBLE INDIVIDUALS

MEDICAID ID	FIRST NAME	MI	LAST NAME	DATE OF BIRTH	MEDI-CARE NUMBER	TPL
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N

Your ID #, Name, and DOB

NOTE: THIS CARD IS VALID ONLY FOR THE PERIOD SPECIFIED ABOVE, AND PROVIDES PROOF OF MEDICAID ELIGIBILITY ONLY. PROVIDERS MUST VERIFY MANAGED CARE ENROLLMENT THROUGH THE AUTOMATED VOICE RESPONSE SYSTEM (1-800-925-1955) OR A MEDICAID ELIGIBILITY VERIFICATION SYSTEM (MEVS) VENDOR.

CERTIFICATE OF ELIGIBILITY FOR PRESCRIBED DRUG MEDICINE FOR PERIOD: 02012024 TO 02282024

FIRST NAME	MI	LAST NAME	MEDICAID ID
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

THE PERSON WHOSE NUMBER APPEARS IS ELIGIBLE FOR PRESCRIBED DRUG BENEFITS. REFER TO YOUR BILLING HANDBOOK FOR CLAIMS SUBMISSION AND ADJUSTMENT TO PRESCRIPTION LIMITS INSTRUCTIONS. BILL THIRD PARTIES COVERING DRUGS PRIOR TO BILLING MEDICAID. DETACH THIS PORTION OF THE CARD AND KEEP IT AS PROOF OF ELIGIBILITY.

PROOF OF ECONOMIC ELIGIBILITY

Option #2

2.1 Case Action letter

- Letter can be found online at <https://myaccess.myflfamilies.com/Public/login>
- Letter states that applicants are eligible for public assistance
- The dates must fall within today's date/ the date you submit the application
- You (the student) MUST be listed on the letter

*You can be denied for some benefits, as long as you are "eligible" for some sort of assistance in the letter.

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families

April 19, 2022 Case: [REDACTED]

Dear [REDACTED]
The following is information about your eligibility.

Cash Assistance
Your Cash Assistance application/review dated March 10, 2022 is **denied** for the following months:

Name	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible

Reason: DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION
YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM
THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM

The law that supports this action is:
(FL Admin. Code = R) (FL Statute = S), R65A-4.210 R65A-4.220 S414.075

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1175979775, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

AE01 FORM : CF-ES 103 03 2009

2.2 Case Action letter

- Letter can be found online at <https://myaccess.myflfamilies.com/Public/login>
- Letter states that applicants are eligible for public assistance
- The dates must fall within today's date/ the date you submit the application
- You (the student) MUST be listed on the letter

*You can be denied for some benefits, as long as you are "eligible" for some sort of assistance in the letter.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Food Assistance
Your application for Food Assistance dated March 10, 2022 is **approved**. You are eligible for the months listed below:

Name	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
Benefit Amount	\$175.00	\$304.00	\$304.00

Before your eligibility ends, we will send you a letter telling you what to do to keep getting Food Assistance. To keep your Food Assistance from ending, you will need to complete a review by August 31, 2022. You can use the web site at www.myflorida.com/accessflorida to do this on My ACCESS Account.

For Food Assistance benefits, you must report during your certification period when your household's monthly gross income is more than your income limit of \$2,871.00. If you are an ABAWD, you must report if your work hours drop below 80 hours/month. You must report this change within 10 days after the end of the month.

If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-850-300-4323 or by mail to the return address at the top of this notice.

If this is the first time you have been approved for food or cash benefits, your EBT Card will be mailed to you. If you received benefits before and had a card but have lost or misplaced it, please call EBT Customer Service at 888-356-3281 to ask for a replacement card.

Go to www.myflorida.com/accessflorida and update your MyACCESS account. You will need your case number, 1175979775, to validate your account. Once you have validated your account you will be able to see the status of your benefits, view notices, renew benefits, request additional benefits, report changes, and upload documents.

PROOF OF ECONOMIC ELIGIBILITY

Option #2 continued

2.3

Case Action letter

- Letter can be found online at <https://myaccess.myflfamilies.com/Public/login>
- Letter states that applicants are eligible for public assistance
- The dates must fall within today's date/ the date you submit the application
- You (the student) MUST be listed on the letter

*You can be denied for some benefits, as long as you are "eligible" for some sort of assistance in the letter.

Penalties for Work Rules
If the head of the household fails to follow the general or E&T work rules there may be penalties assigned to the entire household:

- The first time you do not follow these rules and don't have a good reason, you cannot get benefits for 1 month.
- The second time you do not follow these rules, you cannot get benefits for 3 months.
- The third time, and any additional, you cannot get benefits for 6 months.
- You must first follow these work rules before you can get food assistance benefits again. Other household members may apply after the penalty period if the head of household is still not following the work rules.
- If the individual is not the head of the household and fails to follow the work rules, only that individual will be removed from the benefits for the time periods listed above.

For more information about available employment and training opportunities in your area, please visit: www.employflorida.com.

Medicaid
Your application for Medicaid dated April 18, 2022 is approved. You are eligible for the months listed below:

Name	May, 2022
[REDACTED]	Ongoing
[REDACTED]	Eligible
[REDACTED]	Eligible

We have reviewed your Medicaid eligibility and determined you are no longer eligible for Medicaid coverage. To make sure you have Medicaid coverage during the COVID-19 Pandemic Health Emergency we will keep your Medicaid coverage open until the end of the month the federal government determines the emergency is over. You must continue to report any changes in your household circumstances while you remain open so we can redetermine their eligibility based on the most up-to-date information once the health emergency ends.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1175979775, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances no later than 10 days after the change occurs.

If you have access to a computer, you may report your changes online at the ACCESS Florida website located at www.myflorida.com/accessflorida or by calling the Customer Call Center toll free at (866) 762-2237.

If you enroll in Medicaid managed health care, the Agency for Health Care Administration (AHCA) will send you information about your Medicaid options. If you do not pick a plan on your own, AHCA will enroll you in a plan.

If you get Medicaid for your child(ren) only, you do not have to cooperate with Child Support Enforcement (CSE). However, their services to locate an absent parent, establish paternity, or get child support or medical support are available to you free of charge. If you do not cooperate, it will not affect your children's Medicaid.

Children eligible for the Medicaid may enroll in the Child Health Check-up Program. This program provides regularly scheduled health checkups, dental screenings, immunizations and other medical services for children. For information on the Child Health Check-up Program, visit the Agency for Health Care Administrations information page at:

2.4

Case Action letter

- Letter can be found online at <https://myaccess.myflfamilies.com/Public/login>
- Letter states that applicants are eligible for public assistance
- You (the student) MUST be listed on the letter
- The dates must fall within today's date/ the date you submit the application

*You can be denied for some benefits, as long as you are "eligible" for some sort of assistance in the letter.

Medicaid
Your Medicaid has been reviewed and the members listed below are eligible for continued Medicaid coverage.

Name	Status
[REDACTED]	Eligible
[REDACTED]	Eligible
[REDACTED]	Eligible

To see what information we used when we reviewed your Medicaid case, or to report changes we need to know about, use your on-line My Access Account at <https://kdc-access.dcf.state.fl.us/access/index.do>.

Important Information for Food Assistance or Temporary Cash Assistance Recipients:
When it is time for your food assistance or Temporary Cash Assistance review, you will receive a separate notice telling you what to do in order to complete your review.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1175979775, to activate your My ACCESS Account. You can then get into your account with a user name and password of your choice to track the status of your application or review, view notices, report changes, apply for additional benefits, print a temporary Medicaid card (if Medicaid eligible) and view your current level of benefits.

Medicaid
Your Medicaid application/review dated April 18, 2022 is approved for the following months:

Name	Apr, 2022	May, 2022
[REDACTED]	Eligible	Eligible

Reason: DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION
YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM
YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:
(FL Admin. Code = R) (FL Statute = S), R65A-4.210 R65A-4.220 R65A-1.702

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1175979775, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to

PROOF OF ECONOMIC ELIGIBILITY

Option #3

3 Free/Reduced Lunch Letter

- Must specifically state the student is eligibility due to SNAP, TANF, Medicaid and/or income based.
- The date must fall within the year you submit the application

Food and Nutrition Services Department

School Name: [REDACTED]
 School Location Number: [REDACTED]
 Student #: [REDACTED]
 Grade: [REDACTED] Home room: [REDACTED]

To the parent or legal guardian of [REDACTED]

Food and Nutrition Services Department

07/15/2024 2023-2024 School Year

Dear Parent/Guardian:

We want to let you know that the student listed below will receive free breakfasts and lunches at school because a household member receives Florida SNAP, Florida TANF, Medicaid or FDIPIR benefits.

DO NOT COMPLETE A MEAL APPLICATION FOR ANY CHILDREN LIVING IN YOUR HOUSEHOLD. If there are other children in your household who aren't listed below, they also qualify for free meals. Please contact the Food and Nutrition Office at 754-321-0250 for the following situations: **if there are other children in your household and you would like them to receive free meals at school, you do not want your children to have free meals or you have additional questions.**

Child(ren)'s Name(s): [REDACTED] School(s) Name: [REDACTED]

If you do not want to participate in this program to receive free meals for your child(ren) or if you have any questions about this program, please contact:

NAME: Food and Nutrition Services
 ADDRESS: 7720 West O
 PHONE NUMBER: 754-321-0250
 E-MAIL: freereducedmeals

Sincerely,
 7/15/2024

Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or marital or relational status for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ezra.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (800) 852-6992. Submit your completed form or letter to USDA by mail at U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410, by fax (202) 696-7442 or email at program.intk@usda.gov. This institution is an equal opportunity provider.

AND

Parent/Guardians 1040 Tax Form (2024 or 25)

- The date must fall within the year you submit the application
- You (the student) MUST be listed as a dependent on the 1040 form

1040 U.S. Individual Income Tax Return 2024

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 PS Use Only - Select either box depending on filer's status

For year Jan. 1, Dec. 31, 2024, or other tax year beginning 2024, ending 2024

Your first name and middle initial: [REDACTED] Last name: [REDACTED] See separate instructions.

If joint return, spouse's first name and middle initial: [REDACTED] Last name: [REDACTED] Spouse's social security number: [REDACTED]

Name address (number and street) if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

City, town, or village office: If you have a foreign address, also complete spaces below. State: ZIP code: Foreign country name: Foreign province/state/country: Foreign postal code: You Spouse

Filing Status Check only one box. Single Married filing jointly (even if only one had income) Head of household (HOH) Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent. If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness Year: Were born before January 2, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

Dependents (see instructions): (A) First name Last name (B) Social security number (C) Relationship to you (D) Check the box if qualifies for (see instructions): Child Grandchild Other

Income Attach Form(s) W-2 here. Also attach Forms W-2g and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

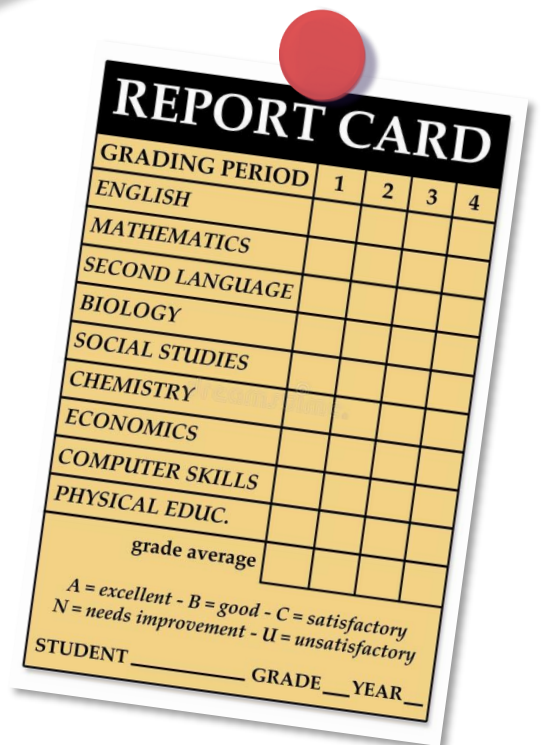
1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a
b	Household employee wages not reported on Form(s) W-2	1b
c	Tip income not reported on line 1a (see instructions)	1c
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
e	Taxable dependent care benefits from Form 2441, line 2b	1e
f	Employer-provided adoption benefits from Form 8839, line 2b	1f
g	Wages from Form 9919, line 6	1g
h	Other earned income (see instructions)	1h
i	Non-taxable combat pay election (see instructions)	1i
2	Add lines 1a through 1i	2
3a	Tax-exempt interest	3a
3b	Qualified dividends	3b
4a	IRA distributions	4a
5a	Pensions and annuities	5a
6a	Social security benefits	6a
b	Taxable interest	3b
b	Ordinary dividends	3b
b	Taxable amount	4b
b	Taxable amount	5b
b	Taxable amount	6b
c	If you elect to use the lump-sum election method, check here (see instructions)	7
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7
8	Additional income from Schedule 1, line 10	8
9	Add lines 2, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9
10	Adjustments to income from Schedule 1, line 2b	10
11	Subtract line 10 from line 9. This is your adjusted gross income	11
12	Standard deduction or itemized deductions (from Schedule A)	12
13	Qualified business income deduction from Form 8995 or Form 8995-A	13
14	Add lines 12 and 13	14
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 2024

PROOF OF FLORIDA RESIDENCY

Acceptable Forms of Residency

- ✓ Florida ID at least one year old (student OR parent- ID, DL or VC)
- ✓ School transcript enrollment history page (can be requested at your school registrar's office) **Juniors:** 10th & 11th grade
Seniors: 11th & 12th grade
- ✓ Report cards from the past year **Juniors:** 10th & 11th grade
Seniors: 11th & 12th grade
- ✓ Student must have a social security number



LETTER OF RECOMMENDATION

Should be from a person of influence in your life:

- Your Big
- Coach
- Teacher
- School Official
- BBBS Match Support Specialist



ACCEPTANCE DOCUMENTS



Seniors Only

- Provide a copy of your acceptance letter
- To any FL university, college, technical or vocational school (only 1 required)
- Can be a 2 or 4-year school
- If you haven't received any acceptances yet:
 - Apply to local Community/State College or a trade school

FLORIDA PREPAID COLLEGE FOUNDATION
STUDENT INFORMATION FORM



Instructions: Please complete all applicable sections and return the Student Information Form with any requested supporting documents as instructed on the Scholarship Application Requirements section on Page 3.

Scholarship ID (For Florida Prepaid Use Only):

SECTION I – STUDENT INFORMATION

Social Security Number	Date of Birth (MM/DD/YYYY)	Current Grade Level
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Full Legal Name

Last Name	First	Middle
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Mailing Address

Street Address		
City	State	Zip Code

Contact Information

Phone Number	Email Address
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SECTION II – PARENT/GUARDIAN INFORMATION

Relationship to Student

Full Legal Name

Last Name	First	Middle
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Mailing Address

Street Address		
City	State	Zip Code

Contact Information

Phone Number	Email Address
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SECTION III – FLORIDA RESIDENCY INFORMATION

The student is required to be a Florida Resident to qualify for a Florida Prepaid College Foundation Scholarship.

Please attach one of the following documents:

- Recent report card demonstrating student attendance at a Florida school for at least one year. Please provide your final report card from the previous school year and your most recent report card from the current school year (Juniors provide 10th & 11th grade, Seniors provide 11th & 12th grade).
- Florida Driver's License of student or parent/guardian, issued at least one year prior to this application.

SECTION IV – AFFIRMATION

By signing below, I/we confirm that the provided information for this scholarship is accurate and that the student commits to being crime-free and drug-free for the duration of this scholarship. Further, I/we agree to the terms and conditions of the [Florida Prepaid College Program Master Contract](#) and the Florida Prepaid College Foundation, including the completion of an annual student survey.

Print Student Name:

Print Parent/Guardian Name:

Student Signature:

Parent/Guardian Signature:

Date:

Date:

SCHOLARSHIP PROGRAM QUALIFICATION CRITERIA

The Florida Prepaid College Foundation offers a variety of scholarship programs, each with unique qualification criteria. The requested information is specific to this scholarship opportunity.

1. What school is the student currently attending?

2. When does the student anticipate attending a vocation/technical institution, college or university?

Semester

Year

Yes
 No

3. Will the student be the first in their family to complete high school or attend college?

Yes
 No

4. Has the student chosen a vocation/technical institution, college or university to attend? **If yes,**

a) Please provide the name of the institution:

b) Has the student applied to attend the institution? Check the status below.

Plan to Apply **Applied** **Accepted**

Yes
 No

5. Does the student anticipate pursuing a specific degree or career path? Examples include STEM (Science, Technology, Engineering or Math), Medical, Business, Education, etc. **If yes,**

a) Please provide the name of the degree or career path the student intends to pursue:

Yes
 No

6. Does the student currently engage with a mentor? **If yes,**

a) Please provide the Mentor/Organization: Big Brothers Big Sisters

b) Does the student intend to keep working with a mentor? **Yes** **No**

Yes
 No

7. Does the student's family qualify for one of the following benefit programs?

- Medicaid
- SNAP Benefits
- TANF
- HUD "Very Low Income" (Based on county income limit qualifications)
- Free/Reduced Lunch Program (Based on individual income qualifications)

If yes, please provide supporting documentation for the eligibility (ex. copy of Form 1040 Tax Return) or receipt of benefits (ex. copy of enrollment form/card listing student's name).

- **Note: If qualification is free/reduced lunch at a Title I school (where everyone receives free/reduced lunch, regardless of income), please also attach the most recent tax records.**

Yes
 No

8. Has the student been awarded or applied for other scholarships? **If yes,**

a) List scholarship name, issuer and amount:



Women On the Verge/BBBS of Broward BIG Futures Scholarship

Value: Up to \$5,000

Eligibility:

- High School Seniors
- Currently enrolled in BBBS of Broward County Mentoring Program
- 2.5 GPA Requirement (Transcript Required)
- Recommendation Letter
- Provide thoughtful and detailed answers to essay questions

Deadline: 3/1/2026

How to Apply:

1. Review the eligibility criteria
2. Complete the application via QR code below
3. Gather required supporting documents
4. Submit the supporting documents to Ms. Guy at Gabrielleg@bbbsbroward.org





Ana G. Méndez University Presidential Class Scholarship

Value: Full scholarship to attend AGMU for the duration of your studies, along with mentorship from the AGMU President.

Eligibility:

- Recent High School Graduates (Class of 2025-2026)
- 3.0 GPA Requirement (exceptions can be made based on panel interviews)
- Record of community involvement/volunteer hours
- Must be willing to attend panel interviews and orientation
- Two Letters of Recommendation (School Personnel & Personal Reference)
- Personal Statement describing career aspirations
- **Essay Topic:** "How will mentorship benefit my future goals?"

Deadline: 3/1/2026

How to Apply:

1. Review the eligibility criteria
2. Complete the application via QR code below
3. Gather required supporting documents
4. Write the essay/reflection
5. Submit the supporting documents to Ms. Guy at Gabrielleg@bbbsbroward.org

