



Rays of Hope
FOUNDATION

Powered by Radiant Credit Union



Academic
Scholarship
Application



Supporting educational dreams
through our scholarship program.

Rays of Hope Scholarship Program

The Rays of Hope Foundation Scholarship is awarded to provide financial assistance to graduating high school seniors seeking to attend a post-secondary vocational, technical, or trade school program. The student must be in attendance of a high school within the 16-county service area of Radiant Credit Union (counties detailed below).

About the Rays of Hope Foundation

The Foundation is a 501 c (3) organization founded to promote and provide charitable assistance that contributes towards the development, education, and well-being of young people in the communities, and residents served by Radiant Credit Union

The Foundation serves the communities, and residents of Alachua, Bradford, Citrus, Clay, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, St. Johns, Suwannee, and Union counties.

How is the Award Distributed?

Unless otherwise directed, the monetary award will be sent to the chosen post-secondary institution upon submission of documentation (student ID and proof of registered classes) from the awardee. Scholarship funds are to be used for tuition, required fees, and direct course-related expenses.

Application Checklist:

1. The applicant must have attended the High School in Citrus County for at least one year.
2. The applicant must be a graduating senior student, be enrolled in an accredited vocational/technical school in Florida, and begin his/her post-secondary school in 2024-2025 academic year.
3. The applicant must have a 2.5 GPA.
4. References:
 - a. Two (2) letters of reference are required.
 - b. References may come from a teacher, advisor, guidance counselor, school administrator, employer, clergy, a person with whom the student has done volunteer work, or any other adult who is aware of student's contributions to their community.

Application Procedures:

1. All applications must be typed and via the attached fillable PDF; handwritten applications will be considered incomplete and not reviewed.
2. All applications must
be returned to: Your high school guidance
department or mailed to: Tiffani King, PO Box
2004, Inverness, FL 34451
NO LATER than: April 5th, 2024
3. Recipients will be announced at the high school academic awards program.

2024-2025 Academic Scholarship Application

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security Number: _____

Home Address: _____ Email Address: _____
(Number & Street) (Apt. #)

_____ Phone Number: _____
FLORIDA
(City) (State) (Zip)

Parent(s)/Guardian(s) Name (if under 18): _____

High School Attended: _____ GPA: _____ ACT Score: _____ SAT Score: _____

School/College You Plan to Attend: _____ School/College Major: _____

(If more space is needed for the following 4 questions, please attach additional sheets)

Please list school activities, honors, hobbies, clubs/organizations, talents and community activities

How will your planned education impact/help our future and your community?

What or who most influenced you to pursue your prospective career path and how?

Tell us about a time you had to overcome an obstacle.

Student Validation

I hereby swear or affirm that the above information is correct and that the need as stated therein is a true statement.

Applicant Signature: _____ Printed Name: _____ Date: _____

Parent Validation (If applicant is under 18 years old.) As a parent (or guardian) of the applicant, I hereby swear or affirm that the above information is correct and that the need as stated therein is a true statement

Parent/Guardian
Signature: _____ Printed Name: _____ Date: _____