

In the name of Allah, the beneficent, the merciful AMERICAN MUSLIM ALLIANCE OF FLORIDA INC.

11694 Sunrise View Lane, Wellington, Florida 33449 TEL: 561-966-6256 or 561-619-5388, Cell: 561-523-0922 mchowdhurg@americanmuslimalifance.org

Dear Applicant:

The American Muslim Alliance of Florida Inc. will be awarding a total of \$20,000 in scholarships to thirty students in support of Florida high school senior students in pursuit of a college education. The top 10 students will each receive a scholarship in the amount of \$1,000. In addition, 20 students will each receive a scholarship in the amount of \$500.

Applicants must meet the following criteria to qualify:

- 1. The applicant must be graduating from a public, private, or home school within the state of Florida and entering college as a full-time student.
- 2. Applicant must have a cumulative GPA of at least 3.0 and attach official copies of school transcripts.
- 3. Applicant must provide two letters of recommendation from teachers of core subjects. Please limit letters of recommendation to one page for each recommendation.
- 4. Applicant's guidance counselor must complete page 2.
- 5. Applicant must compose and type a <u>one-page</u>, <u>single-spaced essay</u> stating why you should be awarded a scholarship, and why you plan to further your studies at a college or university.
- 6. No Online application will be accepted.
- 7. Applicant completes and submits page 4.

Scholarship Program is open for students of all faith and race. The winners will not be announced before the Scholarship Award Ceremony

APPLICATION DEADLINE: All completed applications must be received on or before May 8th, 2023 in the office of AMAF. Applications received or postmarked after this date will not be considered. Send the completed applications to: AMAF, INC., 11694 Sunrise View Lane, Wellington, FL 33449 ATTN: Scholarship Committee.

Thank you for applying with American Muslim Alliance of Florida INC Scholarship. For Further information, please call

President Mohammed Osman Chowdhury Tel: 561-523-0922	<u>Director</u> Shakir Ahmed Tel:561-351-6163	<u>Director</u> Tahsin Nabid Tel: 561-714-1596	<u>Director</u> Imran Aziz Tel: 561-767-6048
Mohammed Rahman	Shamim Razin	Mohiuddin Chowdhury	Ruby Awlad
Tel: 561-909-8116	Tel:772-530-2674	Tel: 941-894-4365	Tel: 954-628-2992

Note: AMAF, Inc. reserves the right to modify or cancel any aspect of this scholarship program and/or any related information contained in this scholarship program, in each case, without prior notice. AMAF, Inc. shall not be responsible, and specifically disclaims any responsibility, for the consequences of any such modification or cancelation and reserves the right to accept or reject (for any or no reason) any application. AMAF, Inc. has no obligation to grant a scholarship to any applicant, to renew any scholarship once it has been granted or to offer employment or an internship to any applicant.



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STUDENT SCHOLARSHIP APPLICATION

Complete each item. Please print in black ink only.

THIS SECTION TO BE FILLED OUT BY STUDENT APPLICANTS ONLY					
NAME.					
LAST	FIRST	MIDDLE INITIAL			
•					
HOME ADDRESS	CITY/STATE	ZIP			
STREET	CHY/STATE	ZIP			
E-MAIL ADDRESS					
TELEPHONE NUMBER					
HO	ME WORK	CELL			
SS#, (optional)	(Last four digit) DATE OF BIRTH				
	TENDING				
ingresorio de l'imperiore					
Extra-Curricular Activities, Honors	s, Awards, Positions of Leadership: (use ac	lditional sheets if necessary)			
	,				
College/University you plan to after	nd				
Intended Areas of Study					
Intellided Areas of Study					
STATEMENT OF APPLICANT					
	read and understood the conditions of the	AMAF Office Student			
Scholarship Application.					
	Date				
Parent/Guardian's Signature	Date	· · · · · · · · · · · · · · · · · · ·			
Tarono Guardian o Orginaturo					
E CELLED 10 M CA					
FAIHER'S NAME	MARITAL STATU	S			
OCCUPATION	EMPLOYER'S NA	ME			
MOTHER'S NAME	MARITAL STATU	S			
OCCUPATION	EMPLOYER'S NA	ME			
NUMBER OF FAMILY MEMBERS					
INDICATE FIGURE NEAREST TO AN OF INCOME.	MOUNT OF FAMILY GROSS INCOME FOR 20:				
\$30,000 TO \$ 40,000	S60,001 T S85, 00 T S110,001	O 85 800			
\$40,001 TO \$50,000	S85, 00 T	O 110.000			
S50,001 TO \$60,000	\$110,001	AND ABOVE			
	RSHIP SELECTION COMMITTEE, AMAF Offic	e: 11694 SUNRISE VIEW LANE,			
	OTE: LASTDAY OF MAILING - May 8th, 2023)				

Visit: www.americanmuslimalliance.org



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COUNSELOR(S) STATEMENT

I,	, certify that
is a candidate for graduation of	, certify that, and has a current GPA of
SAT score of	and / or ACT score of
Additional Comments:	
Counselor's Signature:	

Visit www.americanmuslimalliance.org

Time & Location for the Graduation Dinner & Scholarship Award Ceremony

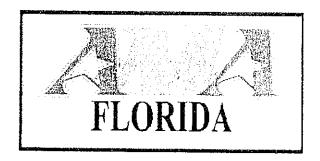
7 P.M. JUNE 10th, SATURDAY-2023

South County Civic Center

16700 JOG Road, Delray Beach, Florida-33463 Telephone: (561)-495-9813

A) South County Civic Center					
Attending this Dinner? (optional) Please Circle-		Yes		No	
The number of guests who will be attending: 1	2	3	4	5	
Signature					

Please return this form with the application



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