

**EDUCATIONAL SUPPORT and MANAGEMENT ASSOCIATION
of BROWARD, INCORPORATED (ESMAB)
2024 SCHOLARSHIP APPLICATION
(Student must be a graduating high school senior or
Postsecondary Student enrolled for 2023-2024 Academic Year)**

ESMAB Member's Name: _____

Work Location: _____

Work Phone Numbers: _____

Student Name _____

High School/Post Secondary Institution _____

Home Address: _____

City, State and Zip: _____

Cell and Home Phone Numbers _____

Email address _____

Transcript Enclosed _____

Teacher/Administrator Recommendation Enclosed (No more than one page) _____

ONE PAGE ESSAY REQUIRED – ENCLOSE IN APPLICATION

The essay should define two (2) goals you want to reach in five (5) years and how you intend to accomplish them

Guidance Counselor/Advisor Signature _____

Teacher/Administrator Signature: _____

ESMAB Member Signature: _____ Date: _____

Student Signature: _____ Date _____

A completed application must include, this form completed, current high school/continuing education transcript, one page essay by applicant and a one-page teacher/administrator recommendation.

The applicant for this scholarship must be the son or daughter and a graduating high school senior or continuing post secondary student of an active ESMAB member. Please submit the completed application no later than May 10,2024 to:

**Pete Tingom, Executive Director
9201 West Broward Boulevard, #C 308, Plantation, Florida 33324
Cell (954) 850-1321
ptingom@bellsouth.net**