



2025 SCHOLARSHIPS

APPLICATIONS ARE OPEN!

Big Brothers Big Sisters of Broward County's 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 support from generous donors, we are thrilled to announce the availability of scholarships for students enrolled in our programs, aimed at pursuing various secondary education opportunities, including apprenticeships, trade schools/technical certificates, or associate's and bachelor's degrees.



APPLICATIONS DUE MARCH 1st, 2025

Transcripts, Letters of recommendation, and FAFSA confirmation required - start today!



Women on the Verge
Big Futures Scholarship



Florida Prepaid College
Foundation Path to
Prosperity Scholarship
Powered by
Florida Power & Light



Coke Florida
Refreshing Minds
Scholarship



Ana G. Méndez
University Presidential
Class Scholarship



Path to Prosperity Scholarship Powered by FPL & Coke Florida Refreshing Minds

Scholarship Overview

The Path to Prosperity Scholarship Powered by FPL and the Coke Florida Refreshing Minds Scholarship provide financial assistance through Florida Prepaid College Plans to help students pursue higher education. High school seniors will automatically be considered for both scholarships with one application.

Scholarship Awards

- **Path to Prosperity Scholarship Powered by FPL**
 - 29 scholarships available for a 2-Year Florida College Plan (\$6,300) – Open to Juniors & Seniors
- **Coke Florida Refreshing Minds Scholarship**
 - Number of scholarships awarded varies annually
 - Offers both a 2-Year Florida College Plan (\$6,300) and a 4-Year Florida University Plan (\$23,800) – Open to Seniors Only

Eligibility Requirements

Applicants must meet the following criteria:

- Be a high school junior or senior for the Path to Prosperity Scholarship Powered by FPL
- Be a high school senior for the Coke Florida Refreshing Minds Scholarship
- Reside in or attend school in one of the following eligible ZIP codes:
33311, 33313, 33023, 33068, 33060, 33065, 33024, 33312, 33020, 33064, 33009, 33319, 33317, 33309
- Be currently enrolled in the Big Brothers Big Sisters of Broward County Mentoring Program
- Maintain a crime-free and drug-free record
- Provide proof of Florida residency (must have lived in the state for at least one year)
- Submit proof of economic status
- Include a letter of recommendation from a mentor, teacher, or community leader

- Seniors must provide a college acceptance letter
- Submit an essay or reflection

Essay/Reflection Guidelines

Applicants should write a thoughtful essay that highlights:

- What this scholarship means to them
- Challenges or adversity they have overcome
- Their dreams, goals, and vision for the future
- How their participation in Big Brothers Big Sisters has impacted their life
- Any unique experiences that set them apart from other applicants

Deadline: 3/1/2025

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. Rosario at Danieller@bbbsbroward.org



To verify economic status for the Path to Prosperity Florida Prepaid Scholarships, applicants must provide one of the following based on their family's financial situation:

If Your Family Receives Public Assistance:

You must provide one of the following documents, ensuring the applicant is listed as eligible:

- **Case Action Letter** confirming your family receives public assistance.
- **Temporary Medicaid Card or Insurance Card** that includes the applicant's Medicaid ID.

These documents can be accessed by logging into your family's account at [MyACCESS Florida](#).

If Your Family Does Not Receive Public Assistance:

Your family must meet the income eligibility guidelines for free and reduced-price meals. To verify this, you must submit:

- **A tax return** listing the applicant as a dependent.

Samples of all documents that can be used to verify economic status are included at the end of this packet. Please ensure they are clear and properly submitted.



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: 3/1/2025

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. Rosario at Danieller@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 2022-2025)
- 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: 3/1/2025

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. Rosario at Danieller@bbbsbroward.org



**SAMPLES FOR
ECONOMIC STATUS
VERIFICATION**



April 19, 2022

Case [REDACTED]

Phone: (954) 375-6067

[REDACTED] 33309

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	Apr, 2022	May, 2022
[REDACTED]	Ineligible	Ineligible
[REDACTED]	Ineligible	Ineligible
[REDACTED]	Ineligible	Ineligible
[REDACTED]	Ineligible	Ineligible

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.






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	Mar, 2022	Apr, 2022	May, 2022 Thru August 31, 2022
	Eligible	Eligible	Eligible
	Ineligible	Eligible	Eligible
	Ineligible	Eligible	Eligible
	Ineligible	Ineligible	Ineligible
	Ineligible	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.

Medicaid

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

Name	Status
[REDACTED]	Eligible
[REDACTED]	Ineligible
[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://dcf-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 **denied** for the following months:

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

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

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
	Ongoing
	Ineligible
	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: <http://www.fdhc.state.fl.us/medicaid/childhealthservices/chc-up/index.shtml>.

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
MES PROJECT

PHONE NUM
866-762-22

MEDICAID ELIGIBLE INDIVIDUALS

MEDICAID ID	FIRST NAME	MI	LAST NAME	DATE OF BIRTH	MEDI-CARE	MEDICARE NUMBER
8642747679	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

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 MEDICINE FOR PERIOD: 02012024 TO 02282024

FIRST NAME	MI	LAST NAME	MEDICAID ID
[REDACTED]	[REDACTED]	[REDACTED]	8642747679

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

Florida Department of Health

Child Care Food Program

INCOME ELIGIBILITY GUIDELINES

FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2023 – June 30, 2024

FREE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, add	+6,682	+557	+279	+257	+129

REDUCED-PRICE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	+9,509	+793	+397	+366	+183

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions, must be reported.

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20

Your first name and middle initial _____ Last name _____ See separate instructions.
 Your social security number _____
 If joint return, spouse's first name and middle initial _____ Last name _____
 Spouse's social security number _____
 Home 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.
 City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____
 Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____
 You Spouse

Filing Status Single Married filing jointly (even if only one had income) Head of household (HOH)
 Married filing separately (MFS) Qualifying surviving spouse (QSS)
 Check only one box.
 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: _____

Digital Assets At any time during 2023, 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 You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Dependents (see instructions):

If more than four dependents, see instruction and check here <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
	██████████	██████████	██████████	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	██████████	██████████	██████████	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	██████████	██████████	██████████	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	31886
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 26	1e	0
f	Employer-provided adoption benefits from Form 8839, line 29	1f	0
g	Wages from Form 8919, line 6	1g	0
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	31886

Attach Sch. B if required.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	20
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	4a	IRA distributions	4a	15877	b	Taxable amount	4b	7774
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		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	-380
	8	Additional income from Schedule 1, line 10					8	20215
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9	59515
	10	Adjustments to income from Schedule 1, line 26					10	19573
	11	Subtract line 10 from line 9. This is your adjusted gross income					11	39942
	12	Standard deduction or itemized deductions (from Schedule A)					12	27700
	13	Qualified business income deduction from Form 8995 or Form 8995-A					13	0
	14	Add lines 12 and 13					14	27700
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income					15	12242

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	1243
17	Amount from Schedule 2, line 3	17	0
18	Add lines 16 and 17	18	1243
19	Child tax credit or credit for other dependents from Schedule 8812	19	1243
20	Amount from Schedule 3, line 8	20	0
21	Add lines 19 and 20	21	1243
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2888
24	Add lines 22 and 23. This is your total tax	24	2888

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	542
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	542
26	2023 estimated tax payments and amount applied from 2022 return	26	
27	Earned income credit (EIC)	27	2656
28	Additional child tax credit from Schedule 8812	28	3200
29	American opportunity credit from Form 8863, line 8	29	0
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	0
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	5856
33	Add lines 25d, 26, and 32. These are your total payments	33	6398

If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3510
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	3510
b	Routing number		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	0

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	0
38	Estimated tax penalty (see instructions)	38	0

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address	sportsnut005@gmail.com	

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
				Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.