



Name of School:

Grade Level:

I, _____ have read and understand the conditions of Rico's Scholarship Foundation.

Date _____ Signature _____

Legal name in full
(Print/Type)

_____	_____	_____
Last Name	First Name	M.I.

Permanent residence

Number, Street and/or Apartment Number

_____	_____	_____
City	State	Zip Code

Your address at school
(if different)

Number, Street and/or Apartment Number

_____	_____	_____
City (if Abroad, add Country)	State	Zip Code

How is permanent residence established?
(At least 2 must apply)

Home Address for School Registration

Place of Registration to Vote

Family's Primary Residence

Home Telephone (____) _____

Cell Number (____) _____

School Telephone (____) _____
(if different)

Email _____

Other: _____ Date of Birth _____ Age _____

(Check One) I am a ___ U.S. Citizen ___ U.S. National ___ Resident Alien expecting Citizenship by date of award.

Current Cumulative GPA _____ on a scale of _____

Your Undergraduate Major (s) _____

List 5 Colleges:

- 1.
- 2.
- 3.
- 4.
- 5.

Sport (s) Played:

Height:

Weight:

Position:

Scores:

ACT:

SAT:

1. List College and High School activities (Student Government, Sports, Publications, School-Sponsored Community Service Programs, Student-Faculty Committees, Arts, Music & etc.) List in descending order of significance. You will have space for 8 College and 4 High School Activities.

College: _____ Dates: _____ Offices: _____

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

8.

High School: _____ Dates: _____ Offices: _____

1.

2.

3.

4.

2. List Public Service and Community activities (Homeless Services, Environmental Protection/Conservation, Advocacy activities, work with Religious Organizations & etc.) DO NOT repeat items listed previously. List in descending order of significance. You will have space to list 6.

Activity _____ Role _____ Dates _____ Active _____

1.

2.

3.

4.

5.

6.

3. List Government activities (Internships with Government Agencies, Partisan Political activities, ROTC/Military, Municipal Boards and Commissions). List Student Government under 1.

Activity _____ Role _____ Dates _____ Active _____

1.

2.

3.

4.

5.

6.

4. List Part-time and Full-time jobs and non-government internships since graduating H.S.

<u>Type of Work</u>	<u>Employer</u>	<u>Dates</u>	<u>Average Hours</u>
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1.

2.

3.

4.

5.

6.

5. List Awards, Scholarships, Publications or Special Recognitions you have received. List in descending order.

<u>Award/Recognitions</u>	<u>Dates</u>
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1.

2.

3.

4.

5.

6.

6. Describe 1 example of your Leadership. (Leadership Abilities and Potential must confirm this experience.)

7. What are the 3 MOST significant courses you have taken in preparation for your Career?

8. Describe the Graduate Education Program you intend to pursue if you receive a RSF Scholarship.

9. What do you hope to do and what position do you hope to have upon completing your Graduate studies?

10. What do you hope to do and what Position do you hope to have 5-7 years later?

11. What additional personal information do you wish to share with Rico's Scholarship Foundation?



WAIVER & RELEASE FORM

I, _____ have volunteered to participate in a fitness program provided to me at Rico's Scholarship Foundation, which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. If working with a personal Trainer, in consideration of Trainer's agreement to instruct and train me, I do here, now and forever release, discharge and hereby hold harmless Trainer and his respective agents, heirs, assigns, contractors and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this exercise program including injuries resulting there from.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: (a) your participation in any activity or personal training session and (b) instruction, training, supervision, or dietary recommendations by your Personal Trainer, (c) equipment belonging to the gym, trainer or myself that may malfunction or break, (d) any slip, fall, dropping of equipment, (e) and/or instruction or supervision

I understand that physical exercise can be strenuous and subject to risk of serious injury, you are urged to obtain a physical examination from a Doctor before participating in any exercise activity, You (**PRINT NAME** _____) agree that if you engage in any physical exercise or activity, you do so **entirely at your own risk**. In any event, I acknowledge and agree that I assume the risks associated with any fitness related activities and/or exercises in which I participate.

Any recommendation for changes in diet including the use of food supplements and weight reduction products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and **assume all risks** of injury, illness or death.

I acknowledge that you have carefully read this "waiver and release" and fully understand that is a **release of liability**. You expressly agree to release and discharge Rico's Scholarship Foundation and/or your Personal Trainer from any and all claims or causes of action and you agree to voluntarily give up waive any right that you may have otherwise have to bring legal action against your Trainer for personal injury or property damage. To the extent that Florida statue or case law does not prohibit release for negligence, this release is also for negligence on the part of the Personal Trainer.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Participant's Signature: _____ Dated: ____ / ____ / ____

Printed Name: _____

Parent or Legal Guardian (if participant is under the age of eighteen) _____ Dated: ____ / ____ / ____

Printed Name: _____

**Rico's Scholarship Foundation, 12161 Ken Adams Way, Suite 110-B2
Wellington, Florida 33414 (561) 317-0453**

ricosscholarshipfoundation.org