



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

11694 Sunrise View Lane, Wellington, Florida 33449

561-619-5388, Cell: 561-523-0922

[mchowdhury@americanmuslimalliance.org](mailto:mchowdhury@americanmuslimalliance.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 **one-page, single-spaced essay** stating why you should be awarded a scholarship, and why you plan to further your studies at a college or university.
6. Applicant completes and submits page 4.
7. Online application are not accepted.

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 5th, 2027 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 contact:

|                                                            |                                               |                                             |
|------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| President<br>Mohammed Osman Chowdhury<br>Tel: 561-523-0922 | Director<br>Shamim Razin<br>Tel: 772-530-2674 | Director<br>Imran Aziz<br>Tel: 561-767-6048 |
| Director<br>Jamal Uddin<br>561-351-7891                    | Director<br>Ruby Awlad<br>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 \_\_\_\_\_  
STREET CITY/STATE ZIP

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
HOME WORK CELL

SS#, (optional) \_\_\_\_\_ (Last four digit) DATE OF BIRTH \_\_\_\_\_

HIGH SCHOOL PRESENTLY ATTENDING \_\_\_\_\_ Extra-  
Curricular Activities, Honors, Awards, Positions of Leadership: (use additional sheets if necessary)

College/University you plan to attend \_\_\_\_\_  
Intended Areas of Study \_\_\_\_\_

### STATEMENT OF APPLICANT

The applicant certifies that: I have read and understood the conditions of the AMAF Office Student Scholarship Application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

NUMBER OF FAMILY MEMBERS \_\_\_\_\_

INDICATE FIGURE NEAREST TO AMOUNT OF FAMILY GROSS INCOME FOR 2025 or 2026; INCLUDE ALL SOURCES OF INCOME.

\_\_\_\_\_ \$30,000 TO \$ 40,000 \_\_\_\_\_ \$60,001 TO 85,000 \_\_\_\_\_ \$40,001 TO \$50,000

\_\_\_\_\_ \$85,00 TO 110,000 \_\_\_\_\_ \$50,001 TO \$60,000 \_\_\_\_\_ \$110,001 AND ABOVE

MAILING ADDRESS: THE SCHOLARSHIP SELECTION COMMITTEE, AMAF Office: 11694 SUNRISE VIEW  
LANE, WELLINGTON, FLORIDA, 33449 (NOTE: LAST DAY OF MAILING - May 05, 2026)

COUNSELOR(S) STATEMENT

I, \_\_\_\_\_, certify that \_\_\_\_\_

is a candidate for graduation of \_\_\_\_\_, and has a current GPA of \_\_\_\_\_

SAT score of \_\_\_\_\_ and/or ACT score of \_\_\_\_\_

Additional Comments:

Counselor's Signature: \_\_\_\_\_



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**Time and Location for the Graduation Dinner & Scholarship Award Ceremony**

**7:00 PM, JUNE 5th, 2026**

## **South County Civic Center**

**16700 Jog Road, Delray Beach,**

**Florida-33463**

**Telephone : (561) 495 – 9813**

**(Optional)**

**Are you attending this Ceremony:    Yes        No**

**Number of participants for this Dinner: 1 2 3 4 5**

**Signature : \_\_\_\_\_**

**Please return this form with the application.**