



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

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.

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 12th, 2025 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 Mohammed Osman Chowdhury Tel: 561-523-0922	Director Shamim Razin Tel: 772-530-2674	Director Imran Aziz Tel: 561-767-6048
Vice President Shakir Ahmed Tel: 561-351-6163	Director Mohiuddin Chowdhury Tel: 941-894-4365	Director Ruby Awlad 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 2023 or 2024; 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 12, 2025)

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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:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Counselor's Signature: _____



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Time and Location for the Graduation Dinner & Scholarship Award Ceremony

7:00 PM, JUNE 14, 2025

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.