

APPLICATION FORM

Applicant: Please complete ALL sections of this application. Type or print using BLACK ink. Use N/A if question does not apply. Appearance and completeness WILL BE CONSIDERED during evaluation. Mail to Director, Florida Wall and Ceiling Contractors Association (FWCCA), P. O. Box 180458, Casselberry, FL 32718. Applications, evaluations and transcripts must be postmarked NO LATER THAN JUNE 1.

I. Personal

A. Name _____
 Last First Middle Date

B. Address: Home _____
 Number & Street/P. O. Box City State Zip
 College _____
 Number & Street/P. O. Box City State Zip

▪ At Which address can you be contacted in April? Home College Other (Use back of form)

C. Telephone: Home () _____ College () _____

▪ If you do not have a telephone, indicate phone number where you may be contacted: () _____

D. Email Address: _____

II. QUALIFYING INFORMATION

Applicant: You must be either an employee of an FWCCA member company or the full-time dependent of an FWCCA member employee to be considered for a scholarship grant. The following questions will assist us in determining your eligibility. Please answer all appropriate questions completely and follow the prescribed process. Incomplete applications will be rejected.

*This is a need based scholarship. If a student has an academic or athletic scholarship he or she does not qualify for this program

A. Are you an employee of an FWCCA member company? Yes No

- If you answered NO to the above question (question II.A), proceed to question II.C.
- If you answered YES to the above question (question II.A), answer question II.B and then proceed to Section III.

B. What is your job title? _____

C. Are you the full-time dependent of an employee of an FWCCA member company? Yes No

- If you answered NO to both questions II.A and II.C, you are not eligible for consideration in the FWCCA scholarship program.
- If you answered YES to question II.C, proceed to question II.D. Answer questions II.D through II.H and then proceed to Section III.

D. Give the full name of the FWCCA member company employee _____
 Last First Middle

E. Do you have a part or full scholarship at this time? Yes No

B. If you are currently enrolled at a college or university, indicate: _____
Name of Institution

C. Indicate your current year in school: (freshman, sophomore, etc.) _____

D. Indicate your anticipated date of graduation: _____

E. If you are not currently enrolled at a college or university, or are planning to transfer to another school, list below those colleges to which you have applied or to which you intend to apply (in order of preference):

College (name, city and state)	Accepted?
1. _____	<input type="radio"/> Yes <input type="radio"/> No
2. _____	<input type="radio"/> Yes <input type="radio"/> No
3. _____	<input type="radio"/> Yes <input type="radio"/> No
4. _____	<input type="radio"/> Yes <input type="radio"/> No

<i>Leadership</i>													
<i>Maturity</i>													
<i>Personal Appearance</i>													

Comments _____

Signature of Evaluator _____ **Date** _____

<i>Initiative</i>													
<i>Leadership</i>													
<i>Maturity</i>													
<i>Personal Appearance</i>													

Comments _____

Signature of Evaluator _____ **Date** _____

ESSAY QUESTIONS

APPLICANT:

On a separate page, please answer the questions that follow. Your answer should not be longer than one page of 10-point size type, single-spaced. Be sure to put your name and the date of your application at the top of the page. Neatness, grammar and spelling will be considered during the review process.

QUESTION:

What is your major? Why have you chosen this major. What is your final goal? What do you think you can bring to the industry with your background and education?