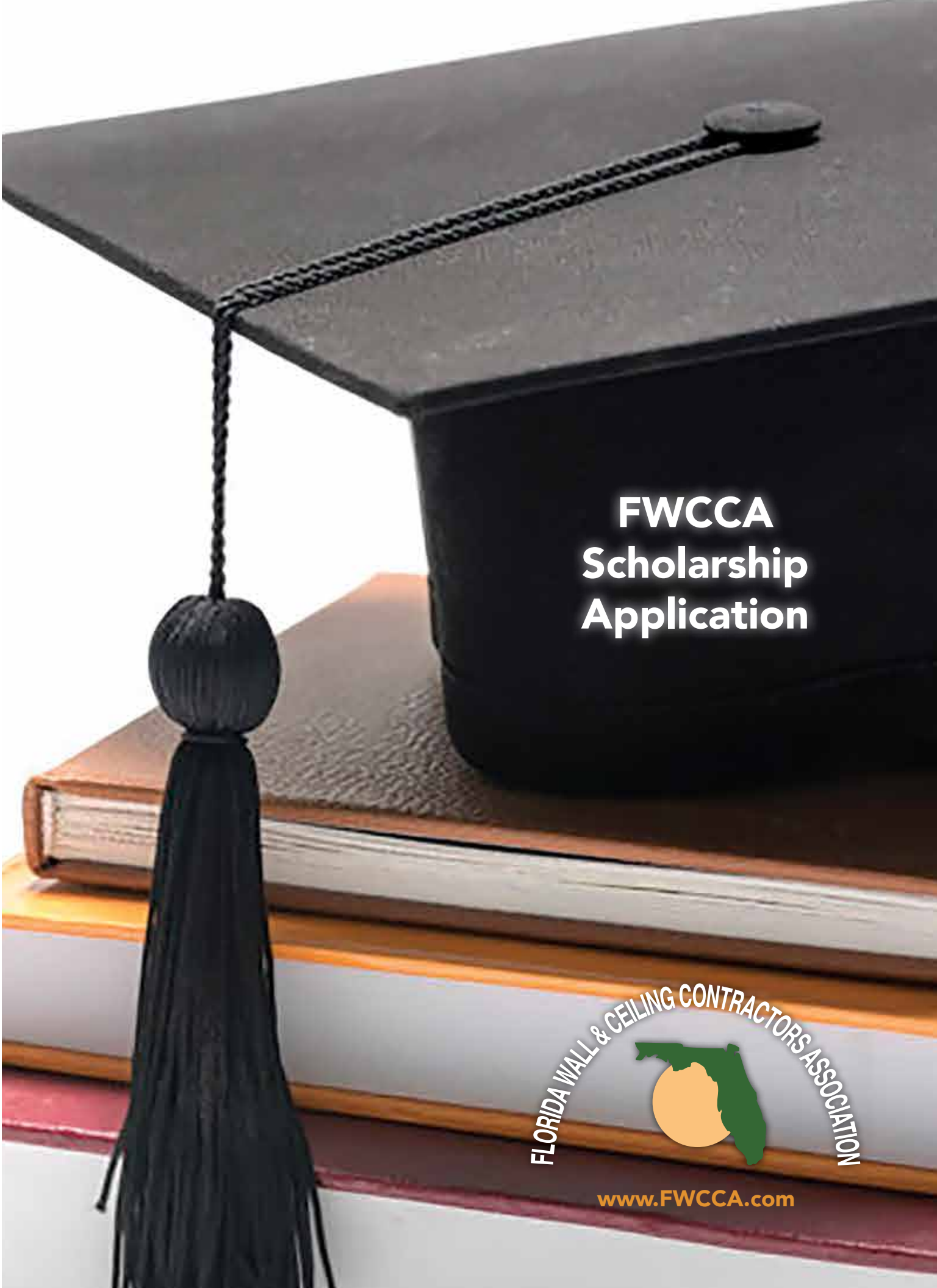

FWCCA Scholarship Application

FLORIDA WALL & CEILING CONTRACTORS ASSOCIATION

www.FWCCA.com

SCHOLARSHIP PROGRAM APPLICATION FORM

DEADLINE FOR APPLICATION FILING IS JUNE 1ST

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:

Executive Vice President
Florida Wall and Ceiling Contractors Association (FWCCA)
PO Box 180458, Casselberry, FL 32718

I. PERSONAL

A. Name _____

Last First Middle

B. Address: Home _____

_____

_____

Number & Street PO Box City State Zip

College _____

_____

_____

Number & Street PO Box City State Zip

Where can you be contacted in April? ☐ Home ☐ College

Other _____

C. Phone: Home _____ College _____

Other _____

D. Email Address: _____

II. QUALIFYING INFORMATION

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. Job title _____

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

D. Name of the FWCCA member company employee: _____

Last First Middle

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

F. Is the employee a full-time employee of an FWCCA member company? ☐ Yes ☐ No

G. What is the job title of the employee? _____

H. What is your relationship to the employee? _____

I. In the most recent year that the employee tiled a federal income tax return, were you listed as a full-year dependent of the employee on his or her federal income tax form? ☐ Yes ☐ No

III. MEMBER COMPANY INFORMATION

If you are applying for the scholarship grant as an employee of an FWCCA member company, please complete all information in this section as it relates to you. If you are applying for the scholarship grant as the dependent of an employee of an FWCCA member, please complete this section as it relates to the FWCCA member employee who is sponsoring your application.

A. Name of FWCCA Company _____

B. Company Address _____

_____

Number & Street PO Box City State Zip

C. Phone _____

IV. SCHOLASTIC INFORMATION

A. Provide names, city and state of high schools, colleges and/or universities you have attended or are currently attending. Be sure to indicate month and year of anticipated graduation.

High School Dates of Attendance Graduation Date

_____

Two-Year College Dates of Attendance Graduation Date

_____

Four-Year College Dates of Attendance Major Graduation Date

_____

Post Graduate Dates of Attendance Major Graduation Date

_____

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 _____ ☐ Yes ☐ No

2 _____ ☐ Yes ☐ No

3 _____ ☐ Yes ☐ No

4 _____ ☐ Yes ☐ No

FLORIDA WALL & CEILING CONTRACTORS ASSOCIATION

SCHOLARSHIP PROGRAM REFERENCE EVALUATION FORM

To be completed by an adult not related to the applicant.

Evaluator: You are providing a reference for the below-named student who has applied for a scholarship from the Florida Wall and Ceiling Contractors Association (FWCCA) to study construction management, engineering or architecture. Your evaluation is important to us in considering this application. Please complete this form (type or print using black ink) without any input from the applicant. Mail to:

Executive Vice President
Florida Wall and Ceiling Contractors Association (FWCCA)
PO Box 180458, Casselberry, FL 32718

TO BE COMPLETED BY APPLICANT:

Name of Applicant _____

Last First Middle

Agreement Respecting Confidentiality (Not required as a condition of application)

I understand that this recommendation will be treated as confidential by the officers and plan administrator of the FWCCA Scholarship Program. I understand that it will be used solely for making a decision on my application for scholarship. I therefore agree that the contents of the appraisal shall not be made known to anyone else, including myself.

Signature _____ Date _____

TO BE COMPLETED BY EVALUATOR:

Name of Evaluator _____ Phone _____

Address of Evaluator _____

_____

How long have you known the applicant? _____

Furnish Information on the nature and frequency of your contacts with the applicant. _____

_____

_____

_____

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor." If you would like to make additional comments about the applicant, please use the reverse side of this form.

	Not Observed	0	1	2	3	4	5	6	7	8	9	10
Cooperation												
Courtesy												
Timeliness												
Extracurricular Activities												
Initiative												
Leadership												
Maturity												
Personal Appearance												

Comments _____

_____

_____

Signature _____ Date _____