



**FWCCA
Scholarship
Application**



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 filed 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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No