

SCHOLARSHIP REFERENCE EVALUATION

Evaluator: You are providing reference for the below-named student who has applied for a scholarship from the Florida Wall & 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. Application, essay and evaluation form must be postmarked no later than June 1st.

Complete and mail to:

EXECUTIVE VICE PRESIDENT | FWCCA, PO BOX 180458, CASSELBERRY, FL 32718-0458

TO BE COMPLETED BY APPLICANT:

Last Name: _____ First Name: _____ M: _____

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: _____

Mailing Address: _____

Unit/Apt #: _____ City: _____ State: _____ Zip: _____

Phone: _____ How long have you known the applicant? _____

Furnish information on the nature and frequency of your contact with the applicant: _____

EVALUATION OF SOCIAL & 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 do so below.

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

Comments: _____

Signature: _____ Date: _____



FWCCA

SCHOLARSHIP APPLICATION

DEADLINE: JUNE 1st



(407) 260-1313 • FWCCA.COM



FWCCA SCHOLARSHIP APPLICATION

Please complete **all** sections of this application. Type or print using **black ink**. Use "N/A" if a question does not apply. Appearance and completeness will be considered during evaluation. Application, essay and evaluation form must be postmarked no later than June 1st.

Complete and mail to:

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I. PERSONAL

Last Name: _____ First Name: _____ M: _____

Mailing Address: _____

Unit/Apt #: _____ City: _____ State: _____ Zip: _____

Where can you be contacted in June? Home College Other: _____

Cell/Home Phone: _____ College Phone: _____

Other Phone: _____ Email: _____

II. QUALIFYING INFORMATION

You must either be 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 described process. Incomplete applications will be rejected.

A. Are you a member of an FWCCA member company? Yes No
If you answered NO to the above question, proceed to II-C below. If you answered YES, answer II-B below, 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. FWCCA Member Company Employee Last Name: _____
First Name: _____ M: _____

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 their job title? _____

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? 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 a dependent of an employee of an FWCCA member company, please complete this section as it relates to the FWCCA member employee who is sponsoring your application.

A. Name of FWCCA Member Company: _____

B. Company Address: _____
City: _____ State: _____ Zip: _____

C. Company Phone: _____

IV. SCHOLASTIC INFORMATION

A. Provide the Names, City & State of high schools, colleges and/or universities you have attended or are currently attending. Be sure you indicate month and year of completed, or anticipated graduation.

High School Name: _____

High School Address: _____
City: _____ State: _____ Zip: _____ Dates Attended: _____ Graduation: _____

2-Year College Name: _____

2-Year College Address: _____
City: _____ State: _____ Zip: _____

Dates of Attendance: _____ Graduation: _____ Major: _____

4-Year College Name: _____

4-Year College Address: _____
City: _____ State: _____ Zip: _____

Dates of Attendance: _____ Graduation: _____ Major: _____

Post Graduate Name: _____

Post Graduate Address: _____
City: _____ State: _____ Zip: _____

Dates of Attendance: _____ Graduation: _____ Major: _____

B. Are you currently enrolled at a college/university? Yes No. If yes, institution name: _____

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

D. If you are not currently enrolled at a college/university, or are planning to transfer to another school, list the college/universities to which you have applied or to which you intend to apply in order of preference: (College/University Name, City & State):

1. _____ Accepted? Yes No
2. _____ Accepted? Yes No
3. _____ Accepted? Yes No

E. You must include your current sealed transcripts with this application.

F. Application must also include a 300 word essay discussing your educational goals and future career path.