



# SCHOLARSHIP APPLICATION

DEADLINE: JUNE 1ST



**FWCCA SCHOLARSHIP PROGRAM**



# 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.**

## CRITERIA

- Applicants must have at least a 3.5 GPA or higher for scholarship consideration.
- Applicants must be pursuing a career in a construction-related field (ie, engineering, construction managements, architecture, etc.)
- Applicants must be in the first semester of their senior year of high school when submitting application for scholarship consideration for upcoming fall semester.
- If granted, applicants must utilize scholarship within twelve months of award.
- The Scholarship Committee may grant exceptions to the above criteria based on application information submitted.
- Applications must be received at Association Headquarters no later than June 1st. There will be NO exceptions.
- No application will be considered without sealed transcripts - NO exceptions.
- Scholarship awards will be sent directly to the applicant's college of choice for deposit into applicant's account. Awardee is responsible for submitting their student ID/account number and college address for transmittal to college.

## 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. 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 an employee 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.



# 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, sealed transcripts, and evaluation form must be postmarked no later than May 1st.**

**APPLICATIONS THAT ARE INCOMPLETE, FILED LATE, OR WITHOUT TRANSCRIPTS, WILL NOT BE CONSIDERED**

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 therefor 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 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 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: \_\_\_\_\_