

Applicant # _____

NUCA of Florida/ANDREW SCOTT JOHNSON MEMORIAL SCHOLARSHIP FOUNDATION
SCHOLARSHIP APPLICATION

High School Graduate or Student Entering First Year of College

Name of Applicant (Please Print): _____
First Middle Last

Street Address: _____

City, State, Zip: _____

Home Telephone: (____) _____ Date of Birth: _____

NUCA of Florida Member Firm: _____

Mother's Full Name: _____ Marital Status: _____

Employer: _____ Position: _____

Father's Full Name: _____ Marital Status: _____

Employer: _____ Position: _____

APPLICATION CHECK LIST-

- Completed General Information
- Completed Academic Information
- Completed Extra Curricular Information
- Essay attached (500 words or less)
- Current High School Transcript (Signed by Guidance Counselor)
- Letter of Recommendation from a member of the High School Faculty containing your class rank and size of your graduating class

Applicant's Signature: _____ Date: _____

I approve of the submission of this application.

Signature of Parent or Guardian: _____

Signature of Guidance Counselor or Faculty Member: _____

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GENERAL INFORMATION

Name and Address of High School: _____

Year of Graduation: _____

Name and Address of College (If currently attending): _____

Intended school year for scholarship use (Check one):

- Freshman Junior
 Sophomore Senior

College for which this scholarship is to be used: _____

Have you been accepted? Yes _____ No _____

Estimated yearly educational cost: Tuition: \$ _____

Books: \$ _____

Room/Board: \$ _____

Total: \$ _____

Financial assistance received: Financial Aid: \$ _____

Grants: \$ _____

Other Scholarships \$ _____

Total: \$ _____

Intended course of study: _____

Intended career plans: _____

Declared Major: _____

Optional:

Financial responsible parent annual family income: _____

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ACADEMIC INFORMATION

High school class rank: _____ High School class size: _____

A.C.T. score: _____ S.A.T. (Verbal): _____ S.A.T. (Math): _____

List separately S.A.T. II or Advanced Placement tests taken, with scores and subject matter (if applicable):

High school G.P.A.: _____

Current college G.P.A. (If applicable): _____

Academic Honors received (awards, prizes or distinctions). Please include applicable year records:

EXTRACURRICULAR INFORMATION

School activities/clubs (list separately with years involved and office held, if any):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Special recognition received: _____

SCHOOL SPONSORED ATHLETIC PROGRAMS

(List separately with years involved)

1. _____
2. _____
3. _____

Special recognition received: _____

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COMMUNITY SERVICE GROUPS/CIVIC GROUPS
(List separately with years involved)

Special recognition received: _____

Hobbies and outside activities: _____

WORK EXPERIENCE

Employer	Position	Length of Service	(CHECK ONE)		Summer
			Full-Time	Part-Time	

Extraordinary responsibility you have at home (If applicable):

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ESSAY
(500 words or less)
(Provide as an attachment)

SUBJECT: Aside from a degree what do you hope to gain from your college experience?

AUTHORIZATION

Should you be selected to receive one of the two *NUCA of Florida/Andrew Scott Johnson Memorial Scholarship Foundation* scholarships, we would like your permission to include portions of your application and essay in various association communications and publications. Your signature below will indicate your approval.

Signature of Applicant

Please return your completed application along with pertinent information **no later than Friday, June 19, 2015** to:

NUCA of Florida/Andrew Scott Johnson Memorial Scholarship Foundation
Attention: Foundation Trustees
113 East College Avenue, Suite 200
Tallahassee, Florida 32301