### 

## **Undergraduate College Student**

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:	N	Marital Status:		
Employer:		Position:		
Father's Full Name:	I	Marital Status:		
Employer:		Position:		
Completed General Information		ON CHECK LIST		
Completed General information     Completed Academic Information				
Completed Extra Curricular In				
• Essay attached (500 words or 1				
Current College Transcript (Si	gned by Student	Advisor)		
Letter of Recommendation fro	m a Faculty Men	nber		
•				
Applicant's Signature:		Date:		
I approve of the submission of this app	lication.			
Signature of Guidance Counselor or Fa	aculty Member: _			

#### **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 ☐ Jun ☐ Sophomore ☐ Ser	nior nior				
College for which this scholarship is to b	pe 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 (For current college stud	lents):				
Optional: Financial responsible parent annual fami	ly income:				

### **ACADEMIC INFORMATION**

High school class rank:High School class size:		chool 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.:		
Academic Honors received	(awards, prizes or distinctions).	Please include applicable year records:
		INFORMATION rears involved and office held, if any):
	ities/clubs (list separately with y	
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1 2	ities/clubs (list separately with y	rears involved and office held, if any):
1 2 3	tites/clubs (list separately with y 4 5 6	rears involved and office held, if any):
1 2 3	tites/clubs (list separately with y 4 5 6	rears involved and office held, if any):
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1  2  3  Special recognition received	tities/clubs (list separately with y 4 5 6 d:	HLETIC PROGRAMS years involved)

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

pecial recogniti	on received:		
lobbies and outs	side activities:		
		WORK EXPERIENCE	
Employer	Position	Length of Service	(CHECK ONE) Full-Time/Part-Time/Summer
Extraordinary res	sponsibility you have at hor	me (If applicable):	

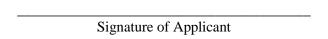
#### **ESSAY**

(500 words or less--provide as an attachment)

SUBJECT: Can the American workers and American businesses "Make America Great Again"?

#### **AUTHORIZATION**

Should you be selected to receive one of the *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.



Please return your completed application along with pertinent information **no later than June 1, 2017,** to:

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