



**NUCA OF SOUTH FLORIDA
2023 UNDERGRADUATE SCHOLARSHIP APPLICATION**

APPLICANT # _____ (to be assigned upon receipt by NUCA staff)

The applicant must complete entry in English. Please print or type. He or she must sign this sheet and have one parent or guardian sign for application to be valid. If a question does not apply, write N/A in the space provided. **DUE DATE: JUNE 5, 2023.** Good Luck!

NAME OF APPLICANT: _____
First Middle Last

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE # _____ Email: _____

DATE OF BIRTH: _____

NAME OF HIGH SCHOOL: _____

NAME OF COLLEGE : _____

NUCA MEMBER FIRM: _____
(Member firm must be in good standing to be eligible to receive award)

EMPLOYEE: _____

RELATIONSHIP TO THE APPLICANT (mother, father, self or spouse): _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

I certify that the information in this application is complete and accurate to the best of my knowledge and belief.

Signature of Applicant Date

I approve the submission of this application.

Signature of Parent / Guardian (if under 18 years old)

- Application Check List of Suggested Items
____ ACT or SAT Scores, if applicable
____ School Transcripts (previous 2 years only please)
____ Community Service/Work History/Extracurricular Activities/Hardships
____ Parent signature on this sheet (if under 18 years old)
____ Completed Essay
____ Removal of applicant's name on all pages (except this form)

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I. Please list any Academic Awards and Honors. (previous 2 years only please)

**II. Please list Community Service / Work History / Extracurricular Activities /
Hardships**

Please use additional pages if necessary.

