NUCA OF SOUTH FLORIDA
2024 HIGH SCHOOL 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 3, 2024**. Good Luck!

NAME OF APPLICANT:_____
First Middle Last

ADDRESS:_____

CITY, STATE, ZIP:_____

PHONE #_____ Email:_____

DATE OF BIRTH:_____

NAME OF HIGH SCHOOL:_____

NAME OF COLLEGE/VOCATIONAL :_____

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)

The Board of Directors reserves the right to accept or reject any recommendation of the Scholarship Committee.

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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.

III. Essay Question. **(Approx. 250 words)** APPLICANT **#**____(to be assigned by NUCA staff)

If you could spend quality time with someone you do not know, alive or deceased, who would it be and what would you want to learn from that person?

Please use additional pages, if necessary.