



**NUCA OF SOUTH FLORIDA
2024 TRADE 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 VOCATIONAL SCHOOL: _____

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.

