FADRA Scholarship Application

Candidates must complete and submit application with required documentation, no later than June 1st.

PLEASE PRINT OR TYPE

PERSONAL INFORMATION					
Name: (Last, First Middle)					
Address:					
City:	State:		Zip:		
Phone:					
Date of Birth:	Sex: Male Femal		(circle one)		
Company: (you or parent works for)					
HIGH SCHOOL IN	IFORMATION				
High School Name:					
City & State:					
Expected Graduation Date:	Grade Point Averag	e:			
AWARDS/H	ONORS				
ADDITIONAL ACTIVITIES (SPORTS, CLUBS, CHURCH GROUPS, VOLUNTEER, JOBS)					

COLLEGE INFORMATION					
College Name:					
City & State:					
Anticipated Major		Expected Graduation Date:			
Have you applied or received any other scholarships?	YES	S NO			
Have you submitted an application for Financial Aid?	YES	NO			

Note: The following items should accompany this scholarship application:

- 1 Transcripts from your high school or most recent year of college.
- 2 Personal essay,
- 3 Two recommendation letters (a personal recommendation letter, and a letter from the FADRA member company you are affiliated with.

Applicant's Signature	Date

Mail Completed Application along with transcripts, essay, and recommendation letters to:

FADRA SCHOLARSHIP SELECTION COMMITTEE P.O. Box 770070 Winter Garden, FL 34777

407.614.8354

FADRA OFFICE USE ONLY:		
Application Received	Date:	
Recommendation Letters Received	Date:	
Essay Received	Date:	
High School or College Transcript Received	Date:	