

CONFIDENTIAL

APPLICATION FOR LOCAL SCHOLARSHIP

SCHOLARSHIP NAME: **Treasure Coast Builders Association Charitable Fund**

**Due June 1, 2023 – email Maddie@treasurecoastba.com or mail to:
TCBA 6560 S. US Hwy 1, Port St. Lucie, FL 34952**

CRITERIA FOR SCHOLARSHIP

Academics: 2.5 GPA

Special Major or Interests: Construction Industry

Required College: Any Florida College or University

Special Criteria: Essay Topic- Why you are interested in becoming a professional in or for the construction industry.

Identify and describe your experience if any within the construction industry and career goals.

(Please do not exceed 2 pages.)

Interview:	Yes ✓
Counselor's Report	Yes ✓
Essay:	Yes ✓
References:	Yes ✓
Financial Need:	Yes ✓
Member related:	Yes ✓
Renewable:	Yes ✓

Attach the following in resume form:

1. A summary of school extra curricular activities
2. One page typed about yourself and a listing of community volunteer activities
3. A list of honors/AP/Dual enrollment classes taken for grades 9-12 or College Transcript

PERSONAL INFORMATION

Name: _____ Date: _____

Permanent Address _____
Street _____ City _____ ST _____ Zip _____

Phone: _____ Social Sec. No. _____

Birth date: _____ Male: _____ Female: _____ Date of HS graduation: _____

Father's Full Name: _____ Age: _____ Living? _____

Occupation _____ Name of Business: _____

Mother's Full Name: _____ Age: _____ Living? _____

Occupation _____ Name of Business: _____

If living with guardian, please give name _____

List if are you affiliated with our Association or with a TCBA member _____

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COLLEGE INFORMATION

Applicant's college of choice _____

Address: _____

Have you been accepted? Yes _____ No _____ Not yet notified _____ Student ID# _____

To what other colleges have you applied: a) _____

b) _____

c) _____

Anticipated college major: _____

Career goal: _____

EXPENSES

Anticipated college expenses for the upcoming school year.

Tuition \$ _____ Room \$ _____ Board \$ _____ Books \$ _____

Travel \$ _____ Misc. \$ _____ TOTAL\$ _____

INCOME

Please indicate your family's **ADJUSTED GROSS INCOME** from last year's tax return.

Under \$15,000 _____ \$15,000-20,000 _____ \$20,000-25,000 _____

\$25,000-30,000 _____ \$30,000-35,000 _____ \$35,000-50,000 _____ over \$50,000 _____

Number of children in family _____ Number of children in college _____

College costs for other children in family (if any)\$ _____

Amount and type of aid they are receiving _____

WORK EXPERIENCE

List jobs you have held: _____

I have read this application and to my knowledge all information is correct. I realize that failure to provide accurate information will result in this application being cancelled.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Email for scholarship updates _____