

National Supermarket Association Florida Chapter Scholarship Foundation



SCHOLARSHIP APPLICATION

Due by April 15th 2024

3000 SW 148th Ave Suite# 110 | Miramar, FL 33027 Tel. 954-704-1188 | M: 305-340-1094 | E: <u>nsaflorida@nsafla.org</u> Instagram: @**nsaflorida** | Facebook: **NSA Florida** |Twitter: @**nsaflorida**

Print or type all information requested below.					
Only fully completed applications will be considered for the scholarship					
APPLICANT					
Are you a Highschool student or college student?					
NAME:	ast Name				
DATE OF BIRTH:/ PHONE:()				
MOBILE: () EMAIL:					
HOME ADDRESS:					
NUMBER STREET	APT NO.				
CITY STATE	ZIP CODE				
From whom did you receive this scholarship application?					
HIGH SCHOOL INFORMATION					
HIGH SCHOOL NAME:					
HIGH SCHOOL ADVISOR NAME:					
HIGH SCHOOL ADVISOR E-MAIL:					
HIGH SCHOOL ADDRESS					
NUMBER STREET					
CITY STATE	ZIP CODE				
HIGH SCHOOL GRADUATION CEREMONY DATE:					
UNIVERSITY / COLLEGE IN	FORMATION				
COLLEGE / UNIVERSITY ATTENDING:					
DEGREE / CAREER YOU ARE PERSUING:					
COLLEGE/UNIVERSITY	GRADUATION DATE (APPROX)				
STAKTING DATE					

COLLEGE/UNIVERSITY	ADDRESS:			
NUMBER	STREET			
CITY	STATE		ZIP CODE	
	EMPLO	YMENT INFORMATION		
EMPLOYER'S NAME:		POSITION HELD:		
NAME OF SUPERVISOR	:			
PHONE:				
ADDRESS:				
	NUMBER	STREET	Γ	
	CITY	STATE		IP CODE
ARE YOU AVAILABLE TO) VOLUNTEER / ATTEND	an NSA SCHOLARSHIP EVEN	IT? YES	NO
HAVE YOU RECEIVED AN NSA FLORIDA SCHOLARSHIP IN THE PAST?		YES	NO	
WHAT IS YOUR FAVOR	ITE INSPIRATIONAL QUO	TE?		
CAN YOU SING THE NA	TIONAL ANTHEM AT OU	R EVENT?	YES	NO
ARE YOU ON A GOLF TEAM OR PLAY GOLF?			NO	
	SCHOLARSHI	P ELIGIBILITY REQUIREME	INTS	
The NSA Florida scho available on a compe		to assist students in obta	aining a colleg	ge degree and are
 High School Senic Undergraduate Si 				
		CHMENTS REQUIRED		
DISCUSSING ANY CH		ds CLES YOU HAVE DEALT WI OLLEGE AND BEYOND.	ITH AND OVE	RCOME IN LIFE
3. Two (2) letters of	recommendation from eptance letter from the	tocopies will not be accep n teachers, coaches, emp e college or university tha	loyers, etc.	attending if you are

AFFIRMATION			
I affirm to the best of my knowledge that the enclosed information is correct			
APPLICANT'S SIGNATURE:DATE:			
 An impartial panel of judges will evaluate applications. 			
 The NSA Scholarship program does not discriminate on the basis of race, color, nationality or ethnic origin, religion, age, sex, marital status or handicap. 			
 You are hereby authorizing the NSA to use your name and likeness for promotional and advertisement purposes. 			
Please review your scholarship submission and confirm your application includes:			
O 400-word essay			
${igodot}$ Two (2) letters of recommendations from teachers, coaches, employers, etc.			
\bigcirc Official current school transcripts. (Photocopies will not be accepted)			
${igodol}$ Letter acceptance letter from the college or university you will be attending.			
Your completed application can be dropped off at any of the NSA Florida Supermarkets			
or			
You can mail the completed application - postmarked no later than <u>April 15st to the</u> address below:			
THE SCHOLARSHIP FOUNDATION OF NSA FLORIDA 3000 SW 148 th Ave Suite 110 Miramar, FL 33027			