

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 | | | |