



## The Mason E. Liftig Scholarship Application for Vocational or Technical Training

The applicant is responsible for ensuring that all items listed below are submitted to the FRSA Educational Foundation and postmarked on or **before March 15, 2024**.

Complete and sign this application.

1. Include one reference letter completed by your guidance counselor, an instructor or college faculty, whichever is applicable. Other letters of recommendation will be considered.
2. Include the official school transcripts. These documents will not be returned.
3. **New: A recent digital headshot of applicant must be emailed by the deadline to [john@floridaroof.com](mailto:john@floridaroof.com) for application to be processed.**
4. Mail the application, letter and transcripts to:

FRSA Educational & Research Foundation, PO Box 4850, Winter Park, FL 32793  
**Incomplete applications will not be considered.**

Please type or print using black or blue ink. All applicable sections must be completed.

### Applicant Contact Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

School Attending \_\_\_\_\_ Year \_\_\_\_\_

Career / Field of Study \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Number of siblings currently enrolled in college/vocational school \_\_\_\_\_

Which range best describes your family's adjusted gross income?

- \_\_\_\_ Under \$25,000  
\_\_\_\_ \$25,000 to under \$50,000  
\_\_\_\_ \$50,000 to under \$75,000  
\_\_\_\_ \$75,000 to under \$100,000  
\_\_\_\_ \$100,000 and above

How did you learn about FRSA's Scholarship program? \_\_\_\_\_

If you are a previous FRSA Scholarship recipient, how has receiving the scholarship made a difference in your life? \_\_\_\_\_

Are you or your family a member of FRSA? \_\_\_\_\_

Are you considering a career in construction or a construction related field? \_\_\_\_\_

### **Employment**

Are you currently employed? \_\_\_\_\_ Number of hours worked weekly \_\_\_\_\_

Employer \_\_\_\_\_ Describe employment duties below

### **Please answer the following prompts in the space provided.**

How will a scholarship make a difference in your life?

Summarize your long-term career objectives.

**Applicant's Education Information**

Are you receiving other scholarships?

If **Yes** please provide:     Scholarship amount \$ \_\_\_\_\_  
   Scholarship provider (Name) \_\_\_\_\_

**List the current/most recent extracurricular activities that you participated in while in high school and/or vocational school. Please include month and year of participation.**

**Secondary or Post-Second Clubs** – (may include co-curricular, academic, service, leadership, fine arts and multi-cultural)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Interests** – (may include athletics, hobbies and passions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Achievements** – (may include awards, recognition and personal goals attained)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Experience** – (may include name of organization, if applicable, description of involvement and approximate total hours)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Parent or Guardian Information**

**Name**

**Employer, City**

Mother \_\_\_\_\_  
(First and Last)

Father \_\_\_\_\_  
(First and Last)

Guardian \_\_\_\_\_  
(First and Last)

**List any immediate family members presently employed within the construction or roofing industry.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Position in Company \_\_\_\_\_

City, State \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Position in Company \_\_\_\_\_

City, State \_\_\_\_\_

If you are a FRSA Scholarship recipient, would you be willing to send a follow-up report of your progress and how you benefitted from the scholarship?

I agree that this application and all attachments may be used for the purpose of evaluation by the FRSA's Scholarship Committee. I understand that documents included as part of the application process will not be returned. I further state that all information enclosed is correct to the best of my knowledge. False information is cause for disqualification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO APPLICANT: You have the ultimate responsibility to ensure that the application, all forms, headshot photo and transcripts are received by the FRSA Educational & Research Foundation and postmarked on or before March 15, 2024.**