



FRSA Educational and Research Foundation Scholarship Application for Undergraduate or Graduate School

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, 2025**.

Complete and sign this application.

1. Include one reference letter completed by your high school guidance counselor, an instructor or college faculty, whichever is applicable. Other letters of recommendation will be considered.
2. Include the official high school or most recent college transcripts. These documents will not be returned.
3. **New: A recent digital headshot of applicant must be emailed by the deadline to john@floridarroof.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 _____

College 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 – for Graduating High School Students only

High School Class Rank _____ of _____ Current G.P.A. _____

SAT Score: _____ or ACT Score: _____

Name of College or School you plan to attend _____

In what program do you expect to earn your degree? _____

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-Secondary 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)

Applicant's Education Information – for Existing College Students only

Current G.P.A. _____

SAT Score: _____ or ACT Score: _____

Name of College at which you are currently enrolled _____

In what program do you expect to earn your degree? _____

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 and any current post-secondary activities*. Please include month and year of participation.

Secondary or Post-Secondary 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, 2025.