



# Florida Association for Food Protection SCHOLARSHIP APPLICATION

## STUDENT INFORMATION

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
_____		
<i>Address</i>		
_____	_____	_____
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
_____	_____	
<i>Telephone</i>	<i>E-mail</i>	
_____	_____	
<i>Date of Birth (MM/DD/YYYY)</i>	<i>Social Security Number</i>	

## PARENT/GUARDIAN INFORMATION

_____		
<i>Name of Parent / Guardian</i>		
_____		
<i>Address</i>		
_____	_____	_____
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
_____	_____	
<i>Telephone</i>	<i>E-mail</i>	

## EDUCATION

I currently attend:

_____	_____	_____
<i>Name of current school</i>	<i>City</i>	<i>State</i>

Next fall/spring, I will be attending:

_____	_____	_____
<i>Name of school</i>	<i>City</i>	<i>State</i>

_____	_____
<i>Major</i>	<i>Minor</i>

I will be in my:



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## ACTIVITIES

List all academic activities you have been involved in and your responsibilities. Include academic honors you have received (National Honor Society, Honor Roll, etc.), other extra-curricular activities or seminars you have been involved in, including any offices or leadership positions you have held in these organizations.

List all non-academic activities you have been involved in and your responsibilities (community, church, social, etc.).

## VERIFICATION/ELECTRONIC SIGNATURE

I confirm to the best of my knowledge that the above information provided is accurate. I understand that failure to provide true and complete information may result in the withdrawal of the scholarship. Typing my name constitutes an electronic signature.

<i>Name of applicant</i>	<i>Date</i>
<i>Name of parent / guardian (Required for applicants under age 18)</i>	<i>Date</i>

## FOR FAFP USE ONLY

Date received:		Reviewed by:	
Review date:		Disposition:	