

# TCATA Education Fund

A four-year college scholarship program

## Application

Please type or print. Mail to TCATA, 27251 Wesley Chapel Boulevard, Suite 311, Wesley Chapel, FL 33544  
813- 348-0075 Fax: 813- 348-0077 • Email: [luci@tcata.org](mailto:luci@tcata.org)

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COMPANY (COMPANY SPONSORING STUDENT MUST BE TCATA MEMBER IN GOOD STANDING FOR THREE YEARS)

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ADDRESS

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CITY STATE ZIP

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APPLICANT NAME

Applicant is:  Employee  Child of employee  Grandchild of employee

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APPLICANT'S ADDRESS

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CITY STATE ZIP

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PHONE E-MAIL BIRTHDATE (MONTH/DAY/YEAR)

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EMPLOYEE NAME (MUST BE A FULL-TIME EMPLOYEE OF COMPANY FOR OVER ONE YEAR)

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EMPLOYEE ADDRESS

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CITY STATE ZIP

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COLLEGE/UNIVERSITY YOU PLAN TO ATTEND DEGREE YOU WILL BE AWARDED AT CONCLUSION OF STUDIES

I have thoroughly read the scholarship guidelines and agree to the terms outlined. I give the Scholarship Committee permission to contact my school and employer for verification of this information. I am enclosing the following materials:

- A copy of my most recent SAT or ACT scores.
- Transcripts of all senior high school grades and any college grades if applicable.
- A letter from my high school principal (or highest official equivalent) giving my standing in class, and commenting on my leadership qualities and extra-curricular activities with which I am involved. This letter should include any other comments that my principal thinks might be of interest to the Scholarship Committee.
- A letter describing my accomplishments, immediate scholastic objectives, career goals and other things I think would be of interest to the Scholarship Committee.

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SIGNATURE OF APPLICANT

DATE

**Deadline for applications is April 30 of the year student will enter the fall semester of an accredited school.**

