

TCATA Education Fund

A four-year college scholarship program

Application

Please type or print. Mail to TCATA, 4023 N. Armenia Ave. Suite 270, Tampa, FL 33607 • 813- 348-0075
Fax: 813- 348-0077 • Email: luci@tcata.org.

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

ADDRESS

CITY STATE ZIP

APPLICANT NAME

Applicant is: Employee Son of employee Daughter of employee **Note:** If more than one employee child is applying, indicate here.

APPLICANT'S ADDRESS

CITY STATE ZIP

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

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

EMPLOYEE ADDRESS

CITY STATE ZIP

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.

SIGNATURE OF APPLICANT

DATE

Deadline for applications is April 15th of the year student will enter the fall semester of an accredited school.

