

TCATA Education Fund

A four-year college scholarship program

Application

Please type or print. Mail to TCATA, 14039 Independence Hwy. E., Suite A6 #232, Indian Trail, NC 28079
813-348-0075 • 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 ☐ Child of employee ☐ Grandchild of employee

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 30 of the year student will enter the fall semester of an accredited school.

