



APPLICATION NUMBER:

### FRDA Scholarship Application

Name of Applicant (Please Print): \_\_\_\_\_  
First Middle Last

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer (if employed): \_\_\_\_\_

Position: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

Name and location of High School: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Anticipated Graduation from College: \_\_\_\_\_

Name and location of College(s) attended: \_\_\_\_\_

College for which this scholarship is to be used: \_\_\_\_\_

Have you been accepted? Yes \_\_\_ No \_\_\_ Are you a: \_\_\_ Junior \_\_\_ Senior \_\_\_ Grad Student?

Course of study: \_\_\_\_\_

Intended career plans: \_\_\_\_\_

Declared Major: \_\_\_\_\_

**ACADEMIC INFORMATION**

High school G.P.A.: \_\_\_\_\_ Current college G.P.A.: \_\_\_\_\_

Academic Honors received (awards, prizes or distinctions). Please include applicable year records:

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**EXTRACURRICULAR INFORMATION**

**School activities/clubs (list separately with years involved and office held, if any):**

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|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Special recognition received: \_\_\_\_\_

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**SCHOOL SPONSORED ATHLETIC PROGRAMS**  
**(List separately with years involved)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Special recognition received: \_\_\_\_\_

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**COMMUNITY SERVICE GROUPS/CIVIC GROUPS**  
**(List separately with years involved)**

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Hobbies and outside activities:

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**WORK EXPERIENCE**

Employer	Position	Length of Service	(CHECK ONE)		
			Full-Time	Part-Time	Summer

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Extraordinary responsibilities you have at home (If applicable):

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**APPLICATION CHECK LIST**

- Most Recent College Transcript (Signed by Student Advisor)
- Completed Application
- Student Introduction attached (300 words or less)
- Essay attached (1000 words or less)

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**AUTHORIZATION**

Should you be selected to receive one of the three FRDA scholarships, we would like your permission to include portions of your application and essay in various association communications and publications. Your signature below will indicate your approval.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I approve of the submission of this application (if applicant is under the age of 18 years).

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed application and essay **no later than the date specified in the current year scholarship notice to:**

FRDA Attn: Scholarship Committee, 411 Lenore Court, Rockledge, FL 32955

or email to [FlaRoofDeckAssn@gmail.com](mailto:FlaRoofDeckAssn@gmail.com).