



SUCA Industry Scholarship Application and Eligibility Requirements

What is the SUCA Industry Scholarship?

There will be up to (5) SUCA Industry Scholarships awarded at \$1,000 in one lump sum.

Who may apply?

Any individual who is a child of a SUCA member or employee of a SUCA member and who will be enrolling or continuing in a trade or vocational program or certification. Applicants may apply each year if they are enrolled in an eligible program and may receive the scholarship each year it is available even if they were a previous recipient. Applicant must be affiliated with a SUCA member in good standing with dues paid at time of application. Applicant must be affiliated with the firm that is the actual SUCA member. Out of area or branch offices of member firms are not eligible.

How and when do I apply?

Complete the application in accordance with the instructions and mail or email it to the SUCA office at the address provided.

Mailing Address: Suncoast Utility Contractors Association
P.O. Box 21424
Tampa, FL 33622

Email Address: tmannix@suca.org

What must accompany the application?

All applicants must provide proof of enrollment in program and a letter from the member company confirming either current employment or child of current employee.

How will the application be judged?

The scholarship recipients will be selected by the Scholarship Committee based on the general worthiness of the application. The SUCA Scholarship Committee will consider (1) career goals, (2) past employment and thoroughness of the completed application.

If selected as a finalist by the committee, there may be a pre-selection in-person interview. If selected as one of the scholarship recipients, you **MUST** attend the Scholarship Award Ceremony to receive your award. The Award Ceremony date and time will be published after the winners are chosen.



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How will the confidentiality of the application be protected?

When the application has been received by SUCA each application is given a number and an acknowledgment is sent to the applicant. The application is handled only by the staff of the association. Once this has been done, the first page of the application will be placed in a sealed envelope marked only with the application number. Staff then reviews the application in detail and removes any and all words or references that provide information relating to the applicant's identity or affiliated SUCA Member Company. The Scholarship Committee will meet at a predetermined time to review only sanitized copies of the application. Should any committee member recognize the applicant through the remaining information, that member will disqualify themselves from consideration of that application and the remaining committee members will make the determinations regarding that application. Only winning envelopes are opened and the others are destroyed.

How can I obtain further information?

If you have any questions or need clarification of any details, contact Theresa Mannix at the SUCA office by telephone at 727-600-7158 or via e-mail at TMannix@SUCA.org.



SUCA Industry Scholarship Application

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Appl.#: _____
(office use only)

The applicant must complete this form. Sign this sheet and have a parent or guardian approve the application. Answer all questions. If a question does not apply, write "none" in the space provided.

NAME OF APPLICANT (Please print): _____
First Middle Last

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OF SECONDARY OR HIGH SCHOOL: _____

YEAR OF GRADUATION OR (GED): _____

DATE OF BIRTH: _____

SUCA MEMBER FIRM: _____

Mother's Full Name: _____ Father's Full Name: _____

Which parent is an employee of the SUCA member firm? _____

After the application is received and acknowledged this sheet will be placed in a sealed envelope and not opened until after the selection has been made. The Scholarship Committee will not have any knowledge of this information during the selection process.

I certify that the information herein is complete and accurate to the best of my knowledge and belief.

Signature of Applicant

Date

I approve the submission of this application.

E-mail Address: _____

Cell Phone: _____

2nd Phone: _____

Signature of parent or guardian if under 18



Appl.#: _____

I. General Information

Name of high school: _____

Year of Graduation or (GED): _____

Name and address of the trade school enrollment:

How long is the course of study? _____

When do you expect to finish? _____

Briefly describe the course of study: _____

What are your career plans? _____

Describe any other individual or group activities in the community in which you have participated and list any offices held in organizations: _____



What work and or volunteer experience have you had?

What impact, if any, would this scholarship have on your ability to obtain training?

Share a brief summary about yourself.

- IV.** We would like your permission to include portions of your application and contact information with member Employers. Your signature below will indicate your approval.
- V.** If selected as a finalist by the committee, I will do a pre-selection interview.
- VI.** If selected as a scholarship recipient, I will attend the Scholarship Award Ceremony to receive my award.

Signature of Applicant