

FLORIDA TSA SCHOLARSHIP APPLICATION FORM

Name: _____ No. of Semesters Completed: _____

Address: _____

Current Florida TSA Alumni Member: Yes ___ No ___

Plan to attend State Conference: Yes ___ No ___

Number of Years in TSA: _____

Leadership Conferences Attended as an Alumni Member: _____

State Conferences Attended as an Alumni Member: _____

National Conferences Attended as an Alumni Member: _____

College or University attending: _____

Area of Study: _____

Address: _____

Minors, Certificates, Double Major, or Second Degrees: _____

What type of employment do you plan to pursue after graduation? _____

Do you plan on attending a post-graduate program after graduation? _____

I certify that I meet the eligibility requirement as outlined in Florida TSA policy.

Applicant's signature

Date

Alumni Members:

A letter of recommendation must accompany this application from any of the following individuals: 1. Florida TSA advisor; 2. Professor; or 3. a Supervisor from current or previous employment. A transcript from your post-secondary institution, resume, and a personal statement will be required. The personal statement will have a word limit of 500 words. Winners will be announced at the State Conference awards ceremony.