**NUCA of North Florida Scholarship Application**

FOR UNDERGRADUATE/GRADUATE COLLEGE STUDENT

Applicant must complete this form. Sign this sheet and have a parent or guardian approve the application. Answer all questions. If a question doesn’t apply, write “none” in the space provided.

NAME OF APPLICANT: Click here to enter text.

STREET ADDRESS Click here to enter text.

 CITY, STATE, ZIP Click here to enter text.

CELL PHONE Click here to enter text. EMAIL: Click here to enter text.

NUCANF MEMBER COMPANY NAME: Click here to enter text.

MOTHER’S NAME: Click here to enter text. FATHER’S NAME: Click here to enter text.

WHICH PARENT IS AN EMPLOYED BY NUCANF MEMBER COMPANY? Click here to enter text.

**APPLICANT CHECK LIST**

* General Information
* Academic Information
* Extra -Curricular Information
* Essay (500 words or less)
* Current College Transcript (Signed by Student Advisor if possible)
* Letter of Recommendation from a Faculty Member.

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

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Signature of Applicant Date:

**General Information**

Name and address of high school: Click here to enter text.

Year of High School graduation: Click here to enter text.

Name and address of college: Click here to enter text.

Anticipated Graduation Year: Click here to enter text. Major: Click here to enter text.

**Academic Information**

College GPA: Click here to enter text.

List SAT and/or ACT College Board Examination Scores: (Scores not appearing in your official transcripts may be submitted if attested by a high school official.)

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

Describe any extraordinary responsibilities you have at home or any information you think may be relevant for the judges to see. Click here to enter text.

**ESSAY**

**500 words or less**

**(Essay must be printed or typed. Provide as an attachment)**

Florida House Bill 35 was introduced to address heat-related illnesses in outdoor workers, and it outlines specific measures to protect workers from extreme heat conditions such as mandating that there is drinking water, shade available to workers as well as requiring workers take a 10-minute break every two hours in temperatures over 90 degrees Fahrenheit. “Under the legislation, employers must maintain a heat illness prevention program, including annual training, preventative and first aid measures, and high heat procedures.”

In your response, state whether you are for or against the Bill. Discuss how the Bill could impact worker health and safety in Florida’s climate as well as how this Bill could positively or negatively affect employers.

**OPTIONAL**

Provide as an attachment any other information you would like to share (i.e. Academic honors, Extra-Curricular activities, community service, work experience etc.)

**AUTHORIZATION**

Should you be selected to receive the NUCANF Scholarship, we would like your permission to include portions of your application and your essay in our scholarship book which is available for members to review, and in various association communications and publications. Your signature below will indicate your approval.

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Signature of Applicant

Please email your completed application along with pertinent information no later than June 13,2025 to:

**nucanf@gmail.com**

You will receive an email within a day or two confirming that I have received your application. For questions, please call (904) 296-1230