



## Rules and Regulations Governing FICAP Scholarships

**Applications are now being accepted for the Richard C. Martin Memorial Scholarship Fund. This program is open to any dependent child of any Florida resident employee working full time for a producer or associate member company of FICAP.**

1. All requests for scholarships must be presented on the Association's official application form.
2. Scholarships will be granted for accredited junior college, college, or university level. Consideration will be given to students in concrete related studies, engineering, architectural, building construction or business programs in Florida or other selected schools.
3. Scholarship applications will be reviewed and graded—and granting of awards will be based on:  
Grades or GPA; financial need; presentation of application (appearance, on time, completeness, etc.); choice of career or college major; quality of essay.
4. All applications for scholarships must be returned at the prescribed time in order to be eligible for consideration.
5. Scholarships will be granted for one (1) year or two (2) consecutive semesters at a time. The student (s) who receives a scholarship will have to maintain his or her eligibility each year or semester period to continue receiving the scholarship. *Each* request for additional scholarship funds, must be accompanied with the student's last semester grades and next semester's class schedule.
6. Scholarships will be paid directly to the school for tuition, books, and fees up to the amount of the annual award.
7. Scholarships are permanent grants for the year and need not to be repaid.
8. Should a scholarship student be asked to leave by his or her school supervisors for misconduct or because of failing grades before the semester is over, and if the policy of the school is not to return that part of the tuition which has not been used, then the scholarship student will not be eligible for any further consideration until he or she repays the balance of the unused tuition to the Association.
9. Scholarships may be granted each year to the same student based on criteria listed in No. 4 as long as the student is successfully progressing toward his/her educational objective, as a full time student, but not longer than five (5) years, and only as long as the student is a dependent of a \*full time employee and only as long as the employment of the parent continues with a producer or associate member company of FICAP.  
  
\*Exception: Scholarships may continue if the parent(s) retires from the member company during the time of the scholarship.
10. A scholarship will be awarded annually to a student who meets the eligibility requirements listed above. The annual scholarship amount is \$ 2500.00. Students in their junior or senior year of college, and pursuing a career in the construction industry, are eligible for an annual scholarship of \$ 3500.00.

Dear Applicant:

To receive financial aid from the Florida Independent Concrete and Associated Products, Inc., it is required that **you**:

1. Complete all four (4) pages of this application. (**Print** or **Type**). Include an official transcript through your last semester and a recent wallet size photograph of yourself.
2. Have your high school Guidance Counselor or Principal sign the application where indicated on page 3.
3. Return all pages. All questions must be answered - If not applicable, so indicate.
4. Attend college full time and maintain a satisfactory academic standing. (Grade of at least C+).
5. Keep the first page of this package for your future reference .

This application must be returned by May 7, 2010 to the following address:

**Florida Independent Concrete and Associated Products, Inc.**  
**Scholarship Fund**  
**116 W. Greentree Lane**  
**Lake Mary, FL 32746-4009**  
**407-333-4694**

Applicants who are selected for a scholarship will receive a formal notice by mail.

FLORIDA INDEPENDENT CONCRETE  
and ASSOCIATED PRODUCTS, INC.

APPLICATION FOR SCHOLARSHIP

Please note: This application must include an official high school transcript through the last semester, a recent photograph of the applicant, the signature of their parent(s) or guardian and the high school guidance counselor.

1. NAME (Last, First, MI) \_\_\_\_\_
2. HOME ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_
3. TELEPHONE \_\_\_\_\_
4. E-MAIL ADDRESS \_\_\_\_\_
5. SS# \_ \_ \_ \_ \_
6. DATE OF BIRTH \_\_\_\_\_
7. PARENT / GUARDIAN NAME (S) \_\_\_\_\_
8. PARENT /GUARDIAN ADDRESS \_\_\_\_\_
9. WHERE PARENT /GUARDIAN IS EMPLOYED \_\_\_\_\_
10. HIGH SCHOOL ATTENDED \_\_\_\_\_
11. DATE OF EXPECTED GRADUATION \_\_\_\_\_
12. HIGH SCHOOL CLASS RANK \_\_\_\_\_
13. HIGH SCHOOL GPA \_\_\_\_\_
14. ACT/SAT SCORE \_\_\_\_\_
15. CAREER CHOICE OR COLLEGE MAJOR \_\_\_\_\_





## *Family Financial Information*

All questions must be answered. If an item is not applicable, so indicate.

If additional space is needed, please use another sheet. All information will be held in strict confidence.

Relationship to Applicant:

Father           Stepfather           Guardian

Name; \_\_\_\_\_

Home Address; \_\_\_\_\_

City; \_\_\_\_\_ St; \_\_\_\_\_ Zip; \_\_\_\_\_

Occupation; \_\_\_\_\_

Employed by; \_\_\_\_\_ Years employed; \_\_\_\_\_

Retirement Provisions;

Social Security           Company Pension           Other

Relationship to Applicant:

Mother           Stepmother           Guardian

Name; \_\_\_\_\_

Home Address; \_\_\_\_\_

City; \_\_\_\_\_ St; \_\_\_\_\_ Zip; \_\_\_\_\_

Occupation; \_\_\_\_\_

Employed by; \_\_\_\_\_ Years employed; \_\_\_\_\_

Retirement Provisions;

Social Security           Company Pension           Other

Combined total annual income of parent(s) or guardian:

Under \$20,000           \$21,000-\$30,000           \$31,000-\$40,000

\$41,000-50,000           \$51,000-\$60,000           \$61,000 or more

Are there any other children who will be dependent upon you during the next four (4) years for their schooling financial aid, beyond high school? NO  YES  If yes, please list:

Child's Name	Age	School they are now or will be attending	What years will they attend	Aid you are or will be contributing	Scholarship aid they are or will be receiving

***I certify that the information given on this application is correct to the best of my knowledge.***

Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent or guardian of applicant