

Dear Applicant,

Attached you will find the 2019 NICA college, university, and vocational/technical school scholarship application you requested. The form will take some time to complete. The guidelines for the NICA Scholarship Program are as follows:

- Any current NICA member in good standing for 3 years including the current year, child of a current member, grandchild of a current member, or employee of a current member for six months who will be attending a college, university, or vocational/technical school is eligible to apply.
- There are 12 scholarships, funded by the Coca-Cola Company and the NICA Membership, being awarded this year totalling \$25,000.
- All scholarship funds are made payable to the student to be used at their discretion once the winners have been selected and their transcripts have been verified.

The scholarship committee will not review any incomplete applications. (We suggest that you photocopy the blank original and use the copy as a rough draft.) The committee will take into consideration not only the content of the application, but also its appearance, spelling and punctuation.

The application, photo, and letters of recommendation must be received in the NICA office by mail or email as of June 1, 2019.

Applications must include the following:

- 1. Completed NICA Scholarship Application.
- 2. A professional color photograph no larger than 8x10 photo for publication in NICA News.
- 3. Three letters of recommendation. <u>If applicant is a 6 month employee of a regular NICA member, one of the letters must be from that owner.</u>
- 4. Applications must include an official transcript reflecting your most recent academic semester/year. Your high school, college or university should mail (1043 E. Brandon Blvd. Brandon FL 33511), fax (813-803-8460), or email (scholarship@nicainc.org) transcripts directly to the NICA office.

Be sure to request transcripts early to ensure receipt in the office by June 1, 2019.

Every applicant will be notified of the results in writing by July 1, 2019. If selected as a recipient of the 2019 Scholarship, you will be required to provide official documentation of your college, university, or vocational/technical school enrollment for the fall semester. Acceptance as a Scholarship winner signifies permission to be announced in the August issue of *NICA News*. Good Luck!

Sincerely,

NICA Board of Directors

National Independent Concessionaires Association



National Independent Concessionaires Association, Inc.

2019 Scholarship Application

Important: Do not place this application in any type of binder or cover. **Application MUST be typed and is writeable in Adobe Reader or Acrobat.**

Personal Information:

Name:		
Address:		
		Zip Code:
Name of High School (if still atte	ending):	
School address:		
		Zip Code:
Name of parent(s) or guardian: _		
Parent / Guardian address:		
City:	State:	Zip Code:
Father's occupation:	Mother's occupat	tion:
NICA member who recommende	ed you apply for this scholarshi	iip:
Your relationship to this member	:: Years	s known:
Have you previously applied for	the NICA Scholarship? () YI	ES () NO Year(s):
Have you previously been award	ted the NICA Scholarship? ()) YES () NO Year(s):
Which type of educational schola	arship are you applying for? () Vocational () Scholastic
Office Use Only:		
Member Number: N	Number of Years Active:	Currently a Member:



Educational Information:

Name of college, university	or vocational/technical scho	ool you plan to, or are currently,
attending:		
City:	State:	Zip Code:
Have you been accepted?		
Degree you are pursuing:		
Indicate your probable area	of study/major (be specific):	
State your ranking in your g	raduating class: ou	t of students.
Date of high school graduati	ion (month/year):	
Your high school grade poin	t average (A=4.0):	College GPA:
	eted as a recipient of the NICA Scial documentation of enrollment	
Statement of applicant college advisor:	's high school principa	l, guidance counselor or
I certify that the grade p	oint average listed abov	e is correct.
Name:		
	fair industry. How will you a	nt and what you have learned in the apply these lessons in your career choice



School and Community Leadership Activities: List a minimum of five and a maximum of twelve activities and the level of participation in each (Office held, committee assignments, awards etc.) List accomplishments you have achieved that were helpful in making you a more considerate, involved and contributing individual. These activities may include class offices, extracurricular activities, church activities, athletic awards etc. List all activities and year(s) of participation beginning with the most recent.
Statement of Your Career Goals: Use this space to give a short answer on your anticipated career and other professional goals:



Financial Information:

Explain your need for financial assistance. Describe how you would use this scholarship and your plans for meeting this financial need:
Are you a candidate, or have you been approved, for any other scholarship(s) for the next year?
() YES () NO Explain:
TATES - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 2 - 2
While in high school, did you take classes that gave you dual enrollment credit for college? () YES () NO Explain:
() LES () NO Explain.
Based on academic achievement in high school will you be entering a college, university, or vocational/technical school as a freshman, sophomore and/or having completed your AA degree?
() YES () NO Explain:
If you are currently enrolled in a college, university, or vocational/technical school, what scholarships or loans will you continue to receive or will you receive?
Explain:



 nolarship Recipient:		



Letters of Recommendation:

These letters are to be completed by three individuals who know the applicant personally. Special circumstances should be mentioned. In the space provided please list the information for the three people making the recommendation. *If applicant is a 6 month employee of a regular NICA member, one of the letters must be from that owner.* Attach these recommendations at the end of this application.

1.	Name of the individual completing this section:					
	Address:					
		State:	Zip Code:			
	Telephone: ()	Relationship to applicant:				
2	Name of the individual completing this section:					
	Address:					
		State:				
	Telephone: ()	Relationship to applicant:				
	City:	State:	Zip Code:			
	Telephone: ()	Relationship to applicant:				
We	atement of applicant and the certify that all information implete to the best of our kn	n offered on this application is t	rue, correct and			
Sig	gnature of applicant:		_ Date:			
Sig	gnature of parent or guardian:		Date:			
Sig	gnature of parent or guardian:		Date:			