

FRAN BROWN MEMORIAL SCHOLARSHIP APPLICATION

This scholarship fund has been established and funded by the **WCCP** in memory of Fran Brown, a WCCP Board Member and valuable contributor to the WCCP for many years. Fran made the workers compensation industry her life's work. She was a dedicated insurance claims professional who made the workers' compensation industry her life's work and gave her free time to help build the WCCP, and she was President of the Association at the time of her untimely death. As a living tribute to Fran and her accomplishments, the WCCP Association wishes to honor her memory with the creation of this scholarship fund.

This scholarship shall be awarded to a high school graduating child of a WCCP member who has maintained a solid academic and civic record. The award will be granted when the student enrolls in a two or four year college or university. Specific criteria include:

- Applicant must be a child and full-time student of a WCCP member in good standing
- Applicant must carry a minimum 3.25 GPA overall
- Applicant must demonstrate active involvement in academic, public and/or community oriented service
- Applicant must have been accepted to a 2 year or 4 year college or university learning institution

****COMPLETED APPLICATIONS SHOULD BE MAILED TO THE WCCP AT P.O. Box 46879, Tampa, FL 33647, or by Overnight Mail to 11601 N. Nebraska Ave., Ste 105, Lutz, FL 33549.**

Notice of Non-Discriminatory Policy as to Students

The **WCCP** does not discriminate on the basis of race, color, national or ethnic origin.

1. APPLICANT INFORMATION

This portion of the application should be completed by the individual applying for the scholarship. Please answer all questions and enter "none" or "not applicable" where appropriate. Sign your name where indicated. If more room is needed to provide complete answers, attach one or more separate sheets to this application.

1. **Name:** _____
Last First MI

2. **Address:** _____
Street Apt.

City State Zip

3. **Telephone:** () _____ - _____ 4. **Social Security No:** _____

5. **QUALIFICATIONS FOR SCHOLARSHIP:** Please state why you are eligible to receive this scholarship and include specifics as referenced by the criteria cited above.

6. **Name of WCCP Member:** _____ **License No:** _____
_____ **Social Security No:** _____

7. **Relationship to Applicant:** _____ **Telephone No:** () _____ - _____

8. List the following scores and current cumulative GPA at the school you are attending. **A COPY OF YOUR SCHOOL TRANSCRIPT AND AT LEAST ONE LETTER OF ACCEPTANCE FROM AN ACCREDITED SCHOOL MUST BE ATTACHED TO THIS APPLICATION.**

S.A.T.: Verbal _____ Math _____ ACT: _____ *GPA: _____

(*Note: If your school does not use a 4.0 scale, indicate what scale is used: _____)

9. Education: List the schools you have attended:

Name of School and Address	Dates of Attendance	Graduation Date
1.		
2.		
3.		

10. Extracurricular Activities: List all extracurricular activities you are involved in, both in and out of school.

11. Personal History: Summarize any personal history you feel should be considered by the in evaluating your application.

12. Work History: List the jobs you have held, including any volunteer jobs, beginning with your most recent or current job.

Employer	Position	From	To	Hrs/Wk	Responsibilities
1.					
2.					
3.					
4.					

13. Personal References: List the names, addresses and phone numbers of 2 personal references other than relatives.

Name	Address	Phone

14. Personal Background: Have you ever:
- 1. Been convicted of a felony? Y/N _____
 - 2. Used or sold illegal drugs? Y/N _____
 - 3. Been suspended from school? Y/N _____
 - 4. Been treated for a nervous disorder substance or alcohol abuse? Y/N _____
- (*If you have answered yes to any of these questions, please attach a separate sheet of explanation.)

AFFIRMATION OF TRUTHFULNESS

I herewith affirm that the information contained herein and the documents which I have submitted herewith are true and correct. I am aware of the fact that in case the Committee finds this to be the contrary, that I forfeit all financial assistance.

Date _____ Applicant's Signature _____ Member's Signature _____