

Florida Association for Food Protection

Student Scholarship Application

**Applicant information**

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| --- | --- | --- | --- |
| Name of Applicant: | *Enter name* | Date: | *Enter date* |
| University: | *Enter university* |
| Department: | *Enter department* |
| Home Address | *Enter address* |
| Home Address2 | *Enter address* | State: | *State* | Zip: | *Zip* |
| Phone | *Phone* | Email: | *Email* |
| Student status (Graduate/undergraduate) | *Status* | Expected Graduation date | *Date* |

|  |  |
| --- | --- |
| Name of Reference: | *Enter name* |
| University: | *Enter university* |
| Title: | *Enter title* |
| Department: | *Enter department* |
| Address | *Enter address* | State: | *State* | Zip: | *Zip* |
| Phone | *Phone* | Email: | *Email* |

|  |  |
| --- | --- |
| Name of Reference: | *Enter name* |
| Title: | *Enter title* |
| University: | *Enter university* |
| Department: | *Enter department* |
| Address | *Enter address* | State: | *State* | Zip: | *Zip* |
| Phone | *Phone* | Email: | *Email* |

* FAFP Member (check box) Yes [ ] /No [ ]
* Two Letters of Faculty Recommendation sent directly to FAFP at executive.board@fafp.net
* Application sent to executive.board@fafp.net
* Applications are Due **October 2nd, 2020**

## Career aspiration:

## What qualifications sets you apart as a food safety professional to deserve this scholarship

**What food safety issue do you see being the most important challenge for Florida producers, processors, distributors and/or retailers in the next five years?**

## Verification

I confirm to the best of my knowledge that the above information provided is accurate. I understand that failure to provide true and complete information may result in the withdrawal of the scholarship.

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Applicant Signature Date