

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* | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:executive.board@fafp.net)
* Application sent to [executive.board@fafp.net](mailto: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