



## Request for your FSA Scholarship Funds

Complete this form; Provide proof of your upcoming class schedule.

Minimum of six (6) credit hours

1. Download your class registration for the coming semester. Save it. Send this PROOF OF REGISTRATION with the completed Request for Funds form to FSA.
2. Forms (printed) must be submitted by E-mail or fax. Email: Funds@FSAScholarshipFoundation.org  
FAX: 972-712-3351 We no longer accept mail-in requests.
3. Questions: E-mail: Funds@FSAScholarshipFoundation.org

This is my:                      Pick One 1st installment request <input type="checkbox"/> 2nd installment request <input type="checkbox"/> 3rd installment request <input type="checkbox"/> 4th installment request <input type="checkbox"/>		How many credit hours you will take? – Min. 6 - _____	<b>PLEASE ALLOW 15 DAYS FOR FSA TO PROCESS YOUR PAYMENT TO YOUR SCHOOL!</b>
I won this scholarship in April (May) _____ (Year).			
First Name	Middle Name	Last Name	
Social Security Number	Your phone number	Your email address: (You will be sent an email from us confirming your payment to the school)	
School ID	_____ _____ -- _____	<b>WRITE CLEARLY AND CAREFULLY</b>	
Name of School you plan to attend next semester		School Contact Person	
School Address - <b>Be sure to ask your school if there is a different address for Scholarship payments</b>		School Phone Number	

FSA a 501(c)(3) promoting careers in the food retail industry by providing scholarships to high school seniors and adults in the food industry while building relationships between manufacturers, suppliers, brokers and retailers. [www.fsascholarshipfoundation.org](http://www.fsascholarshipfoundation.org)

FSA SCHOLARSHIP FOUNDATION

1224 N. Hwy 377, #303-139, Roanoke, TX 76262

Fax: 972-712-3351 Contact: Cindy at Funds@FSAScholarshipFoundation.org



FSA Scholarship Winner Questionnaire

Completing the following two pages of this form is optional. However, we would greatly appreciate it if you would. Thank you.

The FSA Scholarship Foundation would like to see how you are doing in your educational and career endeavors. Your success is important to us! Your answers will help guide the FSA as we determine the future of scholarship distributions to new winners.

If you need more space to answer the questions below or have additional perspective, please add your comments on a separate page.

- ❖ Do you have any unusual circumstances that prevented you from continuing your education, please explain?

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What is your major? \_\_\_\_\_

- ❖ Please describe how helpful the FSA Scholarship was to you or what it meant to you? How did it impact your life, your educational choices and your career?

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- ❖ Are you working at the same food retailer as you were when you received the FSA Scholarship? Yes - No

- ❖ How long have you been, or did you work at your food retailer?

Start Date \_\_\_\_\_ Length of Employment \_\_\_\_\_

- ❖ What position did you hold when you received the FSA Scholarship and what position do you currently hold?

Starting Position \_\_\_\_\_

Current Position \_\_\_\_\_

- ❖ Have you been promoted? Yes - No

- ❖ Did the promotion include a pay increase? Yes - No



- ❖ If you are working in a new field, or have a new employer, whom are you working for? (Company name or industry type)  
\_\_\_\_\_
- ❖ Are you in the food industry or an industry related to the retail food industry?  
\_\_\_\_\_
- ❖ What are your career goals in the next 2 – 5 – 10 years?  
\_\_\_\_\_  
\_\_\_\_\_
- ❖ Are you a volunteer at any community foundation, church, school, etc.?  
Yes No \_\_\_\_\_ estimate number of hours a month
- ❖ What can you share with us about you personally? Did you get married, new child, moved, new car or home, medical issues? Share only what you wish.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ❖ Would you be available and willing to speak at a FSA Scholarship Foundation event to tell your story and to thank the volunteers who made your scholarship possible?  
\_\_\_\_\_
- ❖ Would you be interested in becoming a FSA Ambassador or volunteering at FSA events?  
Yes - No

Your Name (Print)

\_\_\_\_\_

May we contact you? Yes - No

Name of your Store/Retailer \_\_\_\_\_ Your Store # and Location \_\_\_\_\_

Your Cell Phone Number \_\_\_\_\_

Your current address

\_\_\_\_\_

\_\_\_\_\_

Your Email Address

\_\_\_\_\_

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