



CCA Florida Youth Scholarship Program Application

Please Type or Write Your Answers Below

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Parent Phone: _____ Parent Email _____

Parent Address if Different from Above: _____

Are you a member of CCA Florida? YES NO

Is/are your parent(s)/guardian(s) a CCA member(s)? YES NO

Are you available to travel to Orlando, FL June 9-13, 2024? If so, do you understand that transportation to/from Orlando is your responsibility? YES NO

Education

High School: _____ Address: _____

Current Sophomore or Junior? _____ GPA: _____

References

Please list your two professional references, these may not be family members or friends. Each reference must submit a letter of recommendation.

Full Name: _____ Email: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Email: _____

Company: _____ Phone: _____

Address: _____

Extracurricular Activities

Club/Sport/
Service: _____ Duration: _____

Position: _____

Responsibilities/
Accomplishments _____

Club/Sport/
Service: _____ Duration: _____

Position: _____

Responsibilities/
Accomplishments _____

Club/Sport/
Service: _____ Duration: _____

Position: _____

Responsibilities/
Accomplishments _____

If you would like to note more of your extracurricular activities, sports, jobs, or volunteer service hours, please include a separate page with this information.

Personal Statement

Submit a one paragraph personal statement. Statement topics can include, but are not limited to, details to why you are applying for this program, what differentiates you from other candidates, how this program can support your educational or professional goals.

Essay Submission

Submit a one page, typed essay (500 words) on the following: *How should individuals, organizations, and/or the State of Florida enhance Florida's Fisheries?*

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to selection, I understand that false or misleading information in my application may result in my dismissal from the Youth Scholarship Program.

Signature: _____ Date: _____

Parent/
Guardian
Signature: _____ Date: _____

**Applications are to be submitted to Youth Scholarship Program Director,
Jimmy Michaels by April 15, 2024 at 5 p.m. via email.
YSP@ccaflorida.org**

Please submit all forms as one PDF/Word document. Do NOT send separately.

Complete Application Requirements:

- Must be a Florida Resident
- Must be a CCA Florida Youth Member (go to joincca.org to
- Must be a Current High School Sophomore or Junior in Good Academic Standing

- Submit This Application Form, signed by parent/guardian
- Submit Two (2) Letters of Recommendation from listed references
- Submit One (1) Paragraph Personal Statement
- Submit One (1) Page (500 words) Typed Essay Prompt