



The scholarship is provided to assist FERMA Educational Members, their spouse, children or grandchildren financial assistance while pursuing a degree full-time or part-time. The degree must be from an accredited institution of higher learning leading to an Associate, Bachelor or Master degree.

The scholarship is \$6,000 not to exceed \$1,000 per award. An individual may re-apply annually and receive a scholarship award each year up to the receipt of a degree provided all application requirements have been met.

1. Applications must be received by the FERMA Board no later than May 31<sup>st</sup> of the application year.
2. Applications must be submitted to the current FERMA President – Only e-mail PDF copies with applicant signature will be accepted. It is the responsibility of the applicant to verify timely receipt of application.
3. The Board will review all applications and approve any awards by at least a two thirds vote of the Board.
4. The awards will be announced at the Summer FERMA Conference.



## Florida Educational Risk Management Association Scholarship Application

### SECTION 1 – STUDENT INFORMATION:

Name: \_\_\_\_\_  Male  Female

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

High School Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

FERMA Member Name/Relationship: \_\_\_\_\_

### SECTION 2 – COLLEGE INFORMATION:

College Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Part Time (3-11 hours)  Full Time (12+ hours) Planned Graduation Date: \_\_\_\_\_

Degree:  Associate  Bachelor  Masters Program: \_\_\_\_\_

Have you previously received a FERMA Scholarship:  Yes  No

### SECTION 3 – AWARD REQUIREMENTS:

On a separate sheet, please describe why you believe you should be awarded this scholarship (i.e., career goals, financial need, etc.) and how your studies relate to risk management in 300 words (or less) and attach it your application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Must be completed if currently enrolled in College**

**A.** Faculty Member Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**B.** Certification:

I certify that applicant \_\_\_\_\_ is currently in a degree seeking program, and specifically includes verification of official enrollment and verifies 12 current semester hours or more (undergraduate applicants), or 9 current semester hours (graduate applicants), or at least 3 semester hours (part time students) and verifies that the student is in good academic standing.

**C.** Attach Letter of Recommendation: Indicate candidate's strong points and why you feel he/she should receive an award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed application with attachments in PDF format with Applicant Signature no later than May 31st of the Application Year to:

**IMPORTANT - Send to both persons listed below:**  
**Justin Piazza, FERMA President - [jpiazza@fcsrmc.com](mailto:jpiazza@fcsrmc.com)**  
**Selina Ohlson, FERMA Executive Assistant - [sohlson@fcsrmc.com](mailto:sohlson@fcsrmc.com)**

**AWARD RECIPIENTS WILL BE NOTIFIED AT THE FERMA SUMMER CONFERENCE**