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| **NAPS BRANCH 146 SCHOLARSHIP APPLICATION 2019** |

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| **Applicant's Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | | | | | | | |
|  | | | | | Last | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | First | | | | | | | | | | | | | | | | | | | | |  | | | M.I. | | | |  | | | | Last 4 digits SSN | | | | | | | | | | |
| **Permanent Address:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | |  | | | | |
|  | | | | | | | Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | City | | | | | | | | | | | | | | | | | | |  | | | | State | | | |  | | | Zip Code | | | |
| **Home Phone Number:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Cell Phone Number:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | |  | | | | | | | | | | **Driver's License #:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **State** | | | | |  | | | | |
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| **Are you a member of NAPS Branch 146?** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | | | | No | | | |  | | | | | | | | |
| If yes, has your membership been in good standing for two (2) years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | |  | | | | |
|  | If you are not a member of NAPS, identify your Parent/Guardian: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please complete the following regarding your high school education:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you presently in High School? | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | | | No | | | | |  | | | | | |
| Name of High School? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address, City, State of High School | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of Attendance: | | | | | | | | From: | | | | | | | |  | | | | | | | | | | | To: | | | | |  | | | | | | | | | | | | | | | | Cumulative Grade Point Average | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Date expected to graduate: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Do you have a High School Diploma or GED? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | | | | No | | |  | | | | | | | | | | |
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| **List colleges that you have made applications for admissions or if you have been admitted to an accredited College or** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **University. Attach additional page(s) if necessary. Identify:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of College/University, City, State: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applied: | | Yes | |  | | | | | | No | | | |  | | | | | |  | | | | Admitted: | | | | | | | | Yes | | | | | |  | | | | | | | | | No | | | | | | |  | | | | |
| Period planning to attend: | | | | | | | | | | | | | | | Spring: | | | | | | |  | | | | | | | | | | | | | Summer: | | | | | | | | | |  | | | | | | | | | | | | | Fall: | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | Dates | | | | | | | | | | | | |  | | | | | | | | | | Dates | | | | | | | | | | | | |  | | | | Dates | | | | | | | | | | | | |
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| **Identify all Colleges/Universities/Other higher education institutions, if any, you are currently attending:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of College/University, City, State: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of Attendance: | | | | | | | | | From: | | | | | | | |  | | | | | | | | | | | To: | | | | |  | | | | | | | | | | | | | | | | Cumulative Grade Point Average: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |

**Certification: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I don't give proof when asked, I may be disqualified.**

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| **Applicant's Signature:** |  | **Date:** |  |