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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 |
|  |
| **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:** |  |