

NAPS BRANCH 146 SCHOLARSHIP APPLICATION 2019

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:** _____

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: _____

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 _____

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.

Applicant's Signature: _____ **Date:** _____