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| **NAPS BRANCH 146 SCHOLARSHIP APPLICATION 2023** |

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| **Applicant's Name:** | | |  | | | | |  | |  | | | | | | | |  | | | |  | | |  |  | | |  | | | |
|  | | Last | | | | |  | | | | First | | | | |  | | | | | M.I. | | | | | |  | | | Last 4 digits SSN | | |
| **Permanent Address:** | | | | |  | | | | | | | |  | |  | | | | |  | | | |  | | | |  | | | |  |
|  | | | | Street | | | | | | | |  | | City | | | | |  | | | | State | | | |  | | | Zip Code | | |
| **Home Phone #:** |  | | | | | **Cell Phone #:** | | |  | | | | | | | | **Date of Birth:** | | | | | | | | | | | | | |  | |
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| **Are you a member of NAPS Branch 146?** | Yes |  | No |  |

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| 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:** |

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| 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: |  |

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| Do you have a High School Diploma or GED? | Yes |  | No |  | Date expected to graduate: | |  | |
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| **Identify the accredited colleges, universities, or other higher educational institutions you have applied for or been accepted to for admission. Please note that you must be accepted or attending college/university or higher educational institution to be eligible to accept the award in April 2022.** | | | | | | | | | |  | |

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| Applied: | Yes |  | No | |  | |  | | | | | Accepted: | | | Yes | | |  | | No |  | |
| Name of College/University, City, State: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Period planning to attend: | | | | | | Spring: | | | | |  | | | | | | | | Summer: | | |  | | | Fall: |  | | | |
|  | | | | | | | | |  | | | | Dates | | | |  | | | | | | | Dates | | | Dates | | |
| **If already attending, identify the college, university, or other higher educational institution:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Name of institution, City, State: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Period of Attendance: | | | | From: | | | |  | | | | | | To: | |  | | | | | | | Cumulative Grade Point Average: | | | | |  | | |

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**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:** |  |