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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:** |  |