

# NAPS BRANCH 146 SCHOLARSHIP APPLICATION 2023

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: \_\_\_\_\_

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: \_\_\_\_\_

Do you have a High School Diploma or GED? Yes  No  Date expected to graduate: \_\_\_\_\_

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.

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: \_\_\_\_\_

**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: \_\_\_\_\_