

# **NaphCare Foundation Scholarship Application**

March 15<sup>th</sup>

~~By February 14<sup>th</sup>~~ deadline, must have a complete application form turned in that includes the application, three letters of reference, copy of current transcripts, and one-page essay;

## **Student Information:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

## **Academic Information:**

ACT/SAT Score: \_\_\_\_\_ High School GPA: \_\_\_\_\_

College planning to attend: \_\_\_\_\_

Planned Field of Study: \_\_\_\_\_

Educational Objective and Career Goals: \_\_\_\_\_

*Please include current transcripts when submitting application (photocopy of official transcripts is acceptable)*

## **Family Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Activities:**

Please list any school, community or church activities in which you have participated.

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**Asset Information:**

How do you plan to finance your education? (Check all that apply)

Loans

Scholarships

Pell Grant

Family Contributions *(including support from parents, step-parents, spouse, and other contributions)*

Please circle your family's approximate total annual income range (include your income if applicable):

\$0 - \$29,999

\$30,000 - \$49,999

\$50,000 - \$64,999

\$65,000 - \$79,999

More than \$80,000

Job Earnings

Will you be employed while in school?

Yes

No

Place of employment: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

Savings

Other (please list) \_\_\_\_\_

Have you completed the FAFSA online application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been awarded any additional scholarships? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list scholarship **names and amounts** below:

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Have you applied for any additional scholarships that have yet to be awarded? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list scholarship **names and amounts** below:

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What would it mean to you to be awarded a NaphCare Foundation Scholarship? (Please answer on the space provided or attach a separate page)

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**References:**

~~Three~~  
*One*

Three letters of recommendation are required. Enclose a letter from each reference. One should be from someone in your school; the others may be from your pastor, employer, or someone in your community (letters may not be from family members). Please list their names, addresses, and occupations below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Certification and Authorization:**

I hereby certify that the information contained in this application is true and correct. I authorize the scholarship committee to make such investigation of this application as it deems appropriate, to include the contacting of any of the individuals or institutions referred to in the application. I also give my consent for the transmittal or communication to the scholarship committee by any academic institution that I have attended of grade, class standing, or quality point information, as well as information concerning extracurricular activities. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from the scholarship.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **CERTIFICATION**

As an applicant for the NaphCare Foundation Scholarship, I hereby certify that:

- 1) I will agree to a personal interview by the NaphCare Foundation Scholarship Committee.
- 2) I will not drop or withdraw from classes.
- 3) I acknowledge that I must maintain at least a 2.7 grade point average to be considered for continuance of the scholarship.
- 4) I understand all course completion grades must be "C" or higher.
- 5) I will send a year end summary of my college experience to the Foundation.
- 6) I am drug free and will agree to a random drug testing.
- 7) I will submit all required documents to the appropriate administration for approval by the scholarship committee and submission for payment.

Required documents:

Grades from most recently completed term

Proof of registration for upcoming/current term including tuition and fees due

- 8) All information submitted herewith is true and correct.

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Signature of Applicant

Date

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Signature of Parent or Guardian

Date

## **NAPHCARE MAILING INFORMATION**

Email address: [Deanna.newton@naphcare.com](mailto:Deanna.newton@naphcare.com)

Mailing address: NaphCare, Inc.

c/o Deanna Newton

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