NCPPA SCHOLARSHIP APPLICATION

APPLICATION FOR ACADEMIC YEAR 20___ - 20___

Name:						
Address:			Birthdate	:		
CITY:			State:		Zip:	
County:				el. #:		
Education (Circle highes	t grade complete	d) 1 2 3 4 5 6 7 8 9 10 11	12 GED Colle	ege 1 2 3 4 G	raduate So	chool 1 2 3 4
Schools	Name/location	Dates Attended (mo/yr) From To	Graduate?	S/Q Hours	Maj/Min Course	Type of Degree
High School			Yes			
			No			
College/ University			Yes			
			No			
		l	1	l		

Graduate/

Professional

Other

Schools

Yes

No

Yes

List activities and leadership positions in school, community or church.		
List honors (scholastic, citizenship, artistic, etc.), awards and/or recognitions received.		
List hobbies or special interests.		
Other activities or significant responsibilities.		

List the names and addressees of three persons who can provide references for you.				
Name	Address		Phone	
Name	Address		Phone	
Name	Address		Phone	
This portion is to be completed by the NCPPA member. The person in charge of memberships should verify that membership for the person below is current and they are a member in good standing as of the receipt of this application.				
NCPPA Sponsoring Member	Name:City:Division: 1 2 3 4			
Address:	City:	State:	Zip:	
County:	Division: 1 2 3 4			
Work Phone:	Position and Title:			
FOR COMMITTEE USE ONLY				
I hereby certify thatNCPPA Division		_is a current memb	er in good standing of	
	Verified by:			
	Date:			

PERSONAL STATEMENT

APPLICANT'S Name
This portion of the application is intended to assist the Scholarship Committee in obtaining a better sense of you. You are free to use whatever approach to this assignment that you find most appropriate. However, the Scholarship Committee hopes that you will deal with some or all of the following areas: (1) Why you feel you need this scholarship, (2) how would your course of study benefit your career growth, (3) What influenced you to further your education. You may use the back of this sheet if needed, but please limit your statement to no more than two pages

SCHOLARSHIP PROGRAM

This page is to be completed only if a member of the association is requesting the scholarship for personal use.
Current Position:
Department:
Work Experience:
Years with State Government:
List of Hobbies/Interests:
Community and Church Involvement:
Other Activities or Significant Responsibilities:

RECOMMENDATION

(Note to applicant: Please have three recommendations completed that are not references)

Recommendatio	n: (Check One)	
	The applicant has my highest recommendation	
	I recommend the applicant with confidence.	
	I recommend the applicant with some reservations.	
	I do not recommend the applicant.	
Signature:	Date:	
Name/Title:		
	City/State/Zip:	
Work Phone:	Home Phone:	

Please complete this form and return no later than July 1st to:

NCPPA, Attn: Scholarship Committee, Post Office Box 18925, Raleigh, N.C. 27619-8925