

Julie Ann Harper Memorial Scholarship

APPLICATION FOR ACADEMIC YEAR 20__ - 20__

Name: _____
 Address: _____
 CITY: _____
 County: _____

Birthdate: _____
 State: _____ Zip: _____
 Home Tel. #: _____

Education
 (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 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 <input type="checkbox"/>			
			No <input type="checkbox"/>			
College/ University			Yes <input type="checkbox"/>			
			No <input type="checkbox"/>			
Graduate/ Professional			Yes <input type="checkbox"/>			
			No <input type="checkbox"/>			
Other Schools (educational, vocations, internships, etc.)			Yes <input type="checkbox"/>			
			No <input type="checkbox"/>			

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: _____
Address: _____ City: _____ State: _____ Zip: _____
County: _____ Division: 1 2 3 4
Work Phone: _____ Position and Title: _____

FOR COMMITTEE USE ONLY

I hereby certify that _____ is a current member in good standing of
NCCPA Division _____.

Verified by: _____
Date: _____

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

Applicant's Name

The above applicant is applying for a NCPPA Scholarship. The NCPPA Scholarship Committee will make selection of the candidates. Your assistance is needed in judging this candidate. Recommendations are a key part of the application and are read and analyzed with great care. Please complete the recommendation form as thoroughly and carefully as possible.

1. How well--and in what relationship—have you known the applicant?

2. Please explain why you feel this person should receive a scholarship.

3. Please make any comments concerning strengths and weaknesses of the applicant that should be considered.

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

Recommendation: (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: _____

Address: _____ City/State/Zip: _____

Work Phone: _____ Home Phone: _____

The scholarship application, transcript, and letters of support must be postmarked by October 15th, 2023.

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