## **Julie Ann Harper Memorial Scholarship**

APPLICATION FOR ACADEMIC YEAR 20 - 20 Name: \_\_\_\_\_Address: \_\_\_\_\_ Birthdate: Zip: \_\_\_\_\_\_\_

State: \_\_\_\_\_Zip: \_\_\_\_\_\_ CITY: \_\_\_\_\_ 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 Dates Attended (mo/yr) Type of Schools Name/location Graduate? S/Q Hours Maj/Min From Course Degree To High School Yes No College/ Yes University No Graduate/ Yes Professional No Other Yes Schools (educational, vocations, internships, etc.) No

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 provid	de references for you	
Name	Address		Phone
Name	Address		Phone
Name	Address		Phone
This port		ership for the person	below is current and
NCPPA Sponsoring Member Name	<del>)</del> :		
Address:	City:	State:	Zip:
County:	Division: 1 2 3 4		
NCPPA Sponsoring Member Name Address:	Position and Title:		
	FOR COMMITTEE USE (	ONLY	
I hereby certify that  NCPPA Division		_is a current member	in good standing of
	Verified by:		
	Date:		<del></del>

## **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

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## **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 welland in what relationship—have you known the applicant?
Please explain why you feel this person should receive a scholarship.
<ol> <li>Please make any comments concerning strengths and weaknesses of the applicant that should be considered.</li> </ol>

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

ddress:	City/State/Zip:
ame/Title:	
ignature:	Date:
	I do not recommend the applicant.
	I recommend the applicant with some reservations.
	I recommend the applicant with confidence.
	The applicant has my highest recommendation
ecommendatio	n: (Check One)

The scholarship application, transcript, and letters of support must be postmarked by August 30th, 2024.

Please mail to:

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