

Important Information

Dear applicant,

The following information is needed to ensure your scholarship funds are correctly credited to your account. Please complete, verify with your institution and return with your application. It is very important to make sure this information is correct. We must have the correct name of the school, address, and phone number for which the money is to be sent. We must know the name of the receiving office (ex: Registrars Office, Financial Aid Office, Business Office, Cashiers Office etc.) as each school may handle your scholarship differently. We must have a physical address so that we can mail your check via certified mail. We cannot mail a certified letter to a P.O. Box.

Applicant Information:

Student Name: _____ Student ID#: _____

Address: _____ City: _____ State: _____

Phone: _____ Cell Phone: _____ Email: _____

Cost of Tuition (per semester): _____ Book Expenses: _____

College/University attending: _____

Office accepting check: _____

Street Address for this office: _____

City: _____ State: _____

*Manger/Controller: _____ Phone#: _____

*Include the name and phone number of the manager/controller for the correct office to which the check will be sent.

College/University/School Information: This information should be obtained by the office receiving your check to ensure accuracy.

You must also include a copy of your Enrollment Certification on school letterhead and if possible, a copy of registration of courses.

Applicant History

Select Applicant Type: _____ Higher Education _____ Continuing Education

College or School planning to attend*: _____

Address: _____

School Contact Person: _____ Phone: _____

*If you will be an incoming Freshman and have not yet accepted an enrollment, please provide information for all schools to which you have applied below. Please note that information on your selected school must be provided as soon as possible (prior to mid-term meeting).

List of Schools you have attended (High School and above):

Name	Location	Years/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any Civic/Community involvement (if applicant is club member, include club involvement):

Employment History:

Dates Employed	Name of Employer	Type of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you planning to pay any of your tuition yourself? _____
Will you receive financial assistance from any other source? _____
If Yes, please list each source and how much:

Need for Scholarship

Please rate your financial need for this scholarship based on a scale of 1 to 10.

“1” being- I need it but I’m sure someone else could use it more than myself

“10” being – This would make a huge difference and lift a tremendous financial burden

Rating: _____

Are there any special circumstances you would like us to consider?

Do you have any additional comments?

Club Reference

This page may be partially completed by the club member but must be fully completed, verified and signed by the Club President. The purpose of this reference is to provide information about the member's club involvement. **Please do not use the applicants name on this form and only refer to the member as her, she, etc.**

Club Affiliation: _____

President Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell/Alt: _____ Email: _____

Member's Club Involvement:

Membership Term: _____ years _____ months Age of Multiples: _____

Attends Club Meetings: _____ Most of the Time _____ Sometimes _____ Never

Attends Club Events: _____ Most of the Time _____ Sometimes _____ Never

Number of State Conventions attended: _____

President's Comments (include club involvement as well as why you believe applicant should be awarded a Scholarship):

Offices and Positions held at local club level (include dates or term if known):

Office/Position	Elected/Appointed	Term/Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Offices and Positions held at state level – NCMOM- (include dates or term if known):

Office/Position	Elected/Appointed	Term/Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

As the President of _____, I do verify that the above information is true and correct to the best of my knowledge. I verify that this applicant is a member (or eligible family member) and member is in good standing with NCMOM.

President's Signature: _____