



## NCNA Scholarship Fund Application

1. Applicant's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ eMail Address: \_\_\_\_\_

Relationship to NCNA member: Self [ ] Other [ ] Please describe: \_\_\_\_\_

2. If you are an immediate family member of an NCNA member, please provide the following information about the NCNA member:

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

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

Phone Number: \_\_\_\_\_ eMail Address: \_\_\_\_\_

3. What is the name of the North Carolina University, College, or Community College you will be attending?

Name of School \_\_\_\_\_

Name of Financial Aide Coordinator: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ eMail Address: \_\_\_\_\_

Semester Date: \_\_\_\_\_

4. Please list your interests, hobbies, and extracurricular activities in school, community, and church:

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5. Attach a letter describing how your scholarship dollars will be spent, and what your career goals are. The letter should be a maximum of 300 words.

Your NCNA Scholarship Fund Application should be postmarked no later than **March 1, 2014** to be considered. Send your application and accompanying information to: **NCNA, Scholarship Fund Committee, P.O. Box 30517, Raleigh, NC 27622-0517**. The NCNA Scholarship Committee will announce the recipient of the 2014 Scholarship at its Annual Professional Development Conference in March 2014 in Raleigh, NC.