

Scholarship Application
North Carolina Movers Association

_____ I am applying for the \$1,000 award for a student attending a 4-year school.

_____ I am applying for the \$500 award for a student attending a 2-year school or CDL course.

Name _____

Age/Birthdate _____

Address _____

E-mail address _____

Home Phone _____

SOURCE AND AMOUNT OF FUNDS AVAILABLE FOR YEAR IN WHICH SCHOLARSHIP IS REQUESTED (If applicant is not a dependent of his parents, do not include parental contribution)

Parents \$ _____

Savings \$ _____

Scholarships \$ _____

Other Income \$ _____

Own Income \$ _____

IDENTIFICATION OF INDIVIDUAL(s) PROVIDING ASSISTANCE

Name(s) _____ Relationship _____

PLACE OF EMPLOYMENT AND POSITION

Father _____

Mother _____

Self _____

Guardian/Relative _____

HIGH SCHOOL OR INSTITUTION APPLICANT IS NOW ATTENDING OR GRADUATED FROM

Exact School _____

Address and _____

Phone Number _____

Principal or Guidance
Counselor _____

Graduation Date _____ GPA _____

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED OR PRESENTLY ATTENDING

University or
College to Attend _____

Course of Study _____
Expected date of Completion _____
College Costs per School Year \$ _____

Parent/Guardian _____

Relation to
Applicant _____

Parent's/Guardian's Position at
Sponsoring Company _____

Sponsoring
Moving Company _____

SEE THE ATTACHED NCMA SCHOLARSHIP PROCEDURES FOR OTHER REQUIREMENTS.

We agree that the information contained on this application is true to the best of our knowledge and submit this information for consideration of the North Carolina Movers Association Scholarship award.

Applicant Signature

Parent/Guardian Signature

*High School Principal/Guidance Counselor
Or Student Advisor*

Moving Company Officer (requires witness)

Date Application Mailed

Witness