

SCHOLARSHIP PROGRAM RULES: State of Florida NAPS Scholarship

Each academic year NAPS Florida State will offer two \$500.00 college scholarships to young men or women, who will attend college on a "full time" basis.

The Scholarship(s) will be available for the enrollment to an accredited 2 or 4 year institution to any member in good standing of Florida State NAPS and/or family member.

The Scholarship Committee will be comprised of five members and will be created at the State/Bi-State convention as appointed by the State President. The committee will review the applications received and make the selection for the scholarships. The chairperson of the committee will be a member of the Florida State Executive Board as determined by the State President, and at least two members of the committee must be non-State Board Members. No members of the Scholarship committee shall be related to any of the applicants being considered for that year's scholarship.

After January 1" each year, scholarship application forms will be available from any member of the State Board upon request and will also be available on the Florida State NAPS website FLNAPS.ORG.

Completed applications and all required items must be mailed to Florida State NAPS Branch, to the attention of the NAPS Scholarship Committee at 1883 Brae Moor Dr. Dunedin, FL 34698-3208

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH EACH COMPLETED APPLICATION or the application will not be considered:

1. Official transcript of grades, listing averages for four preceding semesters.
2. Applicant's relationship to the Florida State NAPS member in good standing and the branch number of the NAPS member.
3. The NAPS member's mailing address.
4. Applicants proof of enrollment to an accredited 2 or 4 year institution, as well as the applicant's major course of study.
5. A brief essay of 200 words or less on: What Major I plan to pursue in College.
6. Any application submitted without all the required items will be disqualified.

A report by the Committee Chairman will be submitted to the State Board at the June Board Meeting. The report will include the number of applications received for consideration.

Recipients of the award(s) must register in a college, university or technical college no later than September of the year in which the scholarship is awarded or forfeit the award.

Funding the Scholarship Program will be paid for by the State Board. The Scholarship Committee will announce the two winning applicants at the State Convention in June and will issue the checks upon the receipt of the registration in the accredited 2 or 4 year institution.

FLORIDA STATE NAPS SCHOLARSHIP APPLICATION

Applicant's Name: _____
Last First M.I. Social Security Number

Permanent Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Driver's License #: _____ State _____

Is your parent or legal guardian a member of the Florida State Branch of NAPS? Yes _____ No _____

If yes, has your membership been in good standing for two (2) years? Yes _____ No _____

If you are not a member of NAPS, identify your Parent/Guardian: _____

Please complete the following regarding your high school education:

Are you presently in High School? Yes _____ No _____

Name of High School? _____

Address, City, State of High School _____

Period of Attendance: From: _____ To: _____ Cumulative Grade Point Average _____

Date expected to graduate: _____

Do you have a High School Diploma or GED? Yes _____ No _____

List colleges that you have made applications for admissions or if you have been admitted to an accredited College or University. Attach additional page(s) if necessary. Identify:

Name of College/University, City, State: _____

Applied: Yes _____ No _____ Admitted: Yes _____ No _____

Period planning to attend: Spring: _____ Summer: _____ Fall: _____
Dates Dates Dates

Identify all Colleges/Universities, if any, you have attended:

Name of College/University, City, State: _____

Period of Attendance: From: _____ To: _____ Cumulative Grade Point Average: _____

Certification: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I don't give proof when asked, I may be disqualified.

Applicant's Signature: _____ Date: _____