

**NORTH CAROLINA PUBLIC SCHOOL MAINTENANCE ASSOCIATION  
DISTRICT 7 SCHOLARSHIP APPLICATION**  
Applications must be postmarked by **April 1, 2023**

Thank you for your interest in the District 7 Scholarship. We will award a minimum of one scholarship in the amount of \$500 annually. The newest recipient(s) will be named during the District 7 Meeting in May of 2023.

Applicants must meet the following requirements:

- NCPSMA District 7 current active, associate, or retired member (minimum of 1 year) or their immediate family.
- Financial Need
- Acceptance by college, university, or technical school.
- Completed application. If application is not complete and accurate it will not be considered.

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**A. APPLICANT INFORMATION:**

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Applicant Employer \_\_\_\_\_  
Approximate Salary:  
 0-\$10,000  \$10,001-\$20,000  \$20,001-\$30,000  \$30,001-\$40,000  \$40,000-above

Current Member of NCPSMA? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, how long have you been a member \_\_\_\_\_

**Please include a copy of current NCPSMA membership card with completed application.**

*Note: If applicant is employed by an LEA Maintenance Department and Active member of NCPSMA, Item C. is not required.*

**B. APPLICANT SPOUSE INFORMATION (If applicable):**

Spouse Full Name \_\_\_\_\_  
Address (if different from applicant) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Applicant Spouse Employer \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Approximate Salary:  
 0-\$10,000  \$10,001-\$20,000  \$20,001-\$30,000  \$30,001-\$40,000  \$40,000-above

**C. PARENT(S) OF APPLICANT IF DEPENDANT CHILD OR ADOPTED CHILD INFORMATION:**

Father _____	Mother _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Employer _____	Employer _____
Work Phone (____) _____	Work Phone (____) _____
Home Phone (____) _____	Home Phone (____) _____

Father E-mail address \_\_\_\_\_

Mother E-mail address \_\_\_\_\_

Current Member of NCPSMA? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, how long have they been a member? \_\_\_\_\_

**Please include a copy of current NCPSMA membership card with completed application.**

D. If applicant is a Dependent Child or Adopted Child, Parents Salaries (combined)

- \$30,000-\$40,000    \$40,001-\$50,000    \$50,001-\$60,000    \$60,001-\$70,000  
 \$70,001-\$80,000    \$80,001-\$90,000    \$90,001-\$100,000    100,001 and over

E. Please list other family members (siblings, parents, spouse, etc.) attending school/college

Name & Relationship	School/College	Expected Graduation Date	Age

F. High School Applicant Attended/Attends \_\_\_\_\_

Year of Completion \_\_\_\_\_

G. College Attending, Applied or Accepted to: \_\_\_\_\_

Years Attended \_\_\_\_\_ or Year to Begin \_\_\_\_\_

Include a copy of original acceptance letter from university, or a document that is proof of continued acceptance (if 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> years).

H. List other sources of Financial Assistance \_\_\_\_\_

\_\_\_\_\_

I. On a separate sheet, list applicant's extracurricular activities including, but not limited to academic, church, community, etc.

J. Briefly convey in 300 words or less on a separate sheet your hopes, wishes and desires for your academic and professional future, along with why you chose the college you plan to attend. Please fill out completely and honestly.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Completed application should be mailed to:  
Jeff Adams, NCPSMA District 7 President  
District 7 Scholarships  
300 N. Lee Avenue  
Yadkinville, NC 27055  
Or emailed to jeff.adams@yadkin.k12.nc.us