

**NORTH CAROLINA PUBLIC SCHOOL MAINTENANCE ASSOCIATION
DISTRICT 7 SCHOLARSHIP APPLICATION**

Applications must be postmarked by **March 29, 2024**

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 2024.

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.

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 2nd, 3rd, or 4th 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