**2020 Application for Jay Palmer Scholarship**

**North Carolina Public School Maintenance Association**

**Applications must be postmarked by February 28, 2020**

Completed application should be mailed to:

Larry McClain, Scholarship Chairman

C/O Handi-Clean Products

301 S Swing Road

Greensboro, NC 27409

**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 District # \_\_\_\_\_\_\_\_\_\_

\*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*):**

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Applicant Spouse Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Salary:

0-$10,000  $10,001-$20,000  $20,001-$30,000

$30,001-$40,000  $40,000-above

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**C. APPLICANT’S PARENT INFORMATION:**

Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 \* District # \_\_\_\_\_\_\_\_\_\_

**\*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 \_\_\_\_\_\_\_\_\_\_\_\_

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**G.** College Attending or Applied to and Accepted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Attended \_\_\_\_\_\_\_ Year to Begin \_\_\_\_\_\_\_\_\_ \*Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address\* of college or university/accepted to**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Where to send the check made out to the institution and applicant.**

**\*Include a copy of original acceptance letter from university.**

**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 200-500 words 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.**

**K. PLEASE Include information with a \* we need complete applications!**

***Incomplete applications will not be considered*.**

Recipients will be announced or notified by the end of June each year. If awarded scholarship, check will be written to the school and applicant, mailed on or about the first week of August of award year.

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