

**NORTH CAROLINA PUBLIC SCHOOL MAINTENANCE ASSOCIATION**  
**2024 JAY PALMER SCHOLARSHIP APPLICATION**  
Applications must be postmarked by **February 29, 2024**

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**A. APPLICANT INFORMATION:**

Full Name \_\_\_\_\_  
Address **(REQUIRED)** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address **(REQUIRED)** \_\_\_\_\_  
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 **(REQUIRED)** YES \_\_\_\_\_ NO \_\_\_\_\_ District # \_\_\_\_\_  
Please include a copy of current NCPSMA membership card with completed application. **(REQUIRED)**  
*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 \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address **(REQUIRED)** \_\_\_\_\_  
Approximate Salary:  
 0-\$10,000  \$10,001-\$20,000  \$20,001-\$30,000  \$30,001-\$40,000  \$40,000-above

**C. APPLICANT'S PARENT 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(s) of NCPSMA **(REQUIRED)** YES \_\_\_\_\_ NO \_\_\_\_\_ District # **(required)** \_\_\_\_\_  
Please include a copy of current NCPSMA membership card with completed application. **(REQUIRED)**

**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 **(REQUIRED)** \_\_\_\_\_  
Year of Completion \_\_\_\_\_

G. College Attending, Applied or Accepted to: \_\_\_\_\_  
Years Attended \_\_\_\_\_ Year to Begin \_\_\_\_\_ Student ID# **(REQUIRED)** \_\_\_\_\_  
**College or University Accepted to: (REQUIRED)** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Make Checks Payable to: (REQUIRED)** \_\_\_\_\_  
**Institution:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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). (REQUIRED)**

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. (REQUIRED)**

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. (REQUIRED)**

K. **PLEASE Include ALL (REQUIRED) information!**

**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.

Completed application should be mailed to:  
John Labban, Scholarship Chairman  
C/O James Palmer, III  
Jay Palmer Scholarship Fund  
6735 East Old US Hwy 64  
Lexington, NC 27292-9068