

**NORTH CAROLINA PUBLIC SCHOOL MAINTENANCE ASSOCIATION
2026 JAY PALMER SCHOLARSHIP TRUST FUND APPLICATION**

Applications must be postmarked by **February 28, 2026**

A. APPLICANT INFORMATION:

Full Name _____

Address **(REQUIRED)** _____

City _____ State _____ Zip _____

Cell 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 _____

Cell 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 (____) _____

Cell Phone (____) _____ Cell 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, or Step 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/Began _____ 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 2nd, 3rd, or 4th 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 University/College 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