

## **NaphCare Foundation Scholarship Application**

*By March 1<sup>st</sup> deadline, you must have a complete application form turned in that includes the application, three letters of reference, copy of current transcripts, and one-page essay; Do not leave any fields blank.*

I am currently a student at the following school: \_\_\_\_\_

### **Student Information:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Academic Information:**

ACT Score: \_\_\_\_\_ High School GPA: \_\_\_\_\_

College planning to attend: \_\_\_\_\_

Planned Field of Study: \_\_\_\_\_

Educational Objective and Career Goals: \_\_\_\_\_

\_\_\_\_\_  
*Please include current transcripts when submitting application (photocopy of official transcripts is acceptable)*

### **Family Information:**

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

### **Activities/Resume (optional):**

Please list any school, community or church activities in which you have participated.

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

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**Asset Information:**

How do you plan to finance your education? (Check all that apply)

Loans

Scholarships

Pell Grant

Family Contributions (*including support from parents, step-parents, spouse, and other contributions*)

Job Earnings

Savings

Other (please list) \_\_\_\_\_

Have you completed the FAFSA online application?  Yes  No

EFC (Estimated Family Contribution) Number (from completed FAFSA) \_\_\_\_\_

Have you been awarded any additional scholarships?  Yes  No

If yes, please list scholarship **names and amounts** below:

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Have you applied for any additional scholarships that have yet to be awarded?  Yes  No

If yes, please list scholarship **names and amounts** below:

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Will you be employed while in school?  YES  NO

Place of Employment: \_\_\_\_\_



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**References:**

Three letters of recommendation are required. Enclose a letter from each reference. One should be from someone in your school; the others may be from your pastor, employer, or someone in your community (letters may not be from family members). Please list their names, addresses, and occupations below:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

You have the following choices:

- The references may be e-mailed to: [deanna.newton@naphcare.com](mailto:deanna.newton@naphcare.com)
- or -
- The references may be mailed to:

NaphCare, Inc.  
c/o Deanna Newton  
2090 Columbiana Road, STE 4000  
Birmingham, AL 35216

**Certification and Authorization:**

I hereby certify that the information contained in this application is true and correct. I authorize the scholarship committee to make such investigation of this application as it deems appropriate, to include the contacting of any of the individuals or institutions referred to in the application. I also give my consent for transmittal or communication to the scholarship committee by any academic institution that I have attended of grade, class standing, or quality point information, as well as information concerning extracurricular activities. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from the scholarship.

By signing and submitting this application, I hereby certify that:

- I will agree to a personal interview by the NaphCare Foundation Scholarship Committee.
- I will send a year end summary of my college experience to the Foundation.
- I will submit all required documents to the appropriate administration for approval by the scholarship committee and submission for payment.

Required documents:

- Proof of registration for upcoming/current term including tuition and fees due
- All information submitted herewith is true and correct.
- I understand that this scholarship must be used within 5 years of award.

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Signature of Applicant

Date

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Signature of Parent or Guardian

Date

**Please submit to:**

**NaphCare Charitable Foundation, Inc.**

**c/o Deanna Newton**

2090 Columbiana Road, STE 4000

Birmingham, AL 35216

Phone: 205.536.8556

Fax: 205.521.7096

[deanna.newton@naphcare.com](mailto:deanna.newton@naphcare.com)