

**NATIONAL ASSOCIATION OF POSTAL SUPERVISORS
NAPS BRANCH 81 - TAMPA FL
SCHOLARSHIP APPLICATION
DEPENDENT**

GUIDELINES

THE PROGRAM

This scholarship program is established by NAPS BRANCH 81 located in Tampa, Florida to assist high school and college students. The Scholarship Committee takes pride in announcing its scholarship awards program to those students who plan to continue their education in an institution of higher learning. All applications for award shall be governed by the established guidelines.

ELIGIBILITY

Applicants for the scholarship award must meet the following eligibility criteria:

- Be a child or ward of a member, in good standing, of NAPS Branch 81, Inc. as of September 30th of the current year.
- Be a high school senior who will graduate in the current year, or
- Be an enrolled student in a full-time course of study at an accredited college, university or trade/vocational school.
- Have a minimum cumulative grade point average of 2.5 or higher on a 4.0 scale.

AWARD

If selected as a recipient, the student will receive up to a one-time \$2000.00 scholarship award. A check will be made payable to the recipient once verification of being registered as a student in a full-time course of study at an accredited college, university, or a trade/vocational school program has been verified by the Scholarship Committee.

APPLICATION

Interested applicants must complete the application and mail it along with a current official transcript to:

**NAPS BRANCH 81 INC
ATTENTION: SCHOLARSHIP COMMITTEE
PO BOX 26431
TAMPA FL 33685-3081**

All applications must be postmarked by September 30th of the current year. Applications postmarked after September 30th of the current year will not be considered. Applications are evaluated on the information submitted to the Scholarship Committee; therefore, answer all questions completely. Incomplete applications will not be considered. Only the Scholarship Committees review and evaluate applicant's information received. If you have any questions, please contact: Terry Lewis terracellewis@verizon.net AB Adams ynotsolo59@yahoo.com or Donnie Keene donnierkeen43@gmail.com

SELECTION OF RECIPIENTS FOR AWARD

The Scholarship Committee will select recipients for scholarship awards. Scholarship recipients are selected on basis of academic record, statement of career and educational aspirations and goals, recommendations. To ensure that no bias occurs in the selection process for award of scholarships, all interested applicants must meet the criteria established in the guidelines and application of the program. All applicants agree to accept the decision of the Scholarship Committee. Award recipients for awards will be notified by mail.

REVISIONS

NAPS BRANCH 81 reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of or expanding the program.

MAILING ADDRESS

**NAPS BRANCH 81 INC
ATTENTION: SCHOLARSHIP COMMITTEE
PO BOX 26431
TAMPA FL 33685-3081**

**NATIONAL ASSOCIATION OF POSTAL SUPERVISORS
NAPS BRANCH 81 - TAMPA FL
SCHOLARSHIP APPLICATION**

**(Application Postmark Deadline is September 30th of the current year – No
Exceptions)**

(TYPE OR PRINT ALL INFORMATION)

Complete and accurate information ensures your application will be reviewed and evaluated accordingly.

Applicant's Name:

Mailing Address:

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ E-mail Address (if applicable): _____

Date of Birth: Month _____ Day _____ Year ____ Gender: (Circle) Male/Female

Name of High School or College:

City: _____ State: _____ Zip _____

Telephone: (_____) _____

High School Principal's Name:

Telephone: (_____) _____

High School Guidance Counselor Name:

Telephone: (_____) _____

Expected Graduation Date from High School: Month ____ Year ____

Will you receive any other scholarship assistance? Yes ____ No ____ (if yes, please state the source and expected amount):

Name of accredited college/university/trade school you plan to attend. (If unknown, please list in order of preference the school to which you have applied). Use official school names. **Do not use abbreviations.**

Name

City

Name

City

Name

City

Name

City

Major Course of Study:

Degree: Bachelor _____ Associate _____ Other, please explain:

AWARDS AND COMMUNITY ACTIVITIES: List all awards received and community activities in which you have participated, without pay, during the past two years (e.g., Boy/Girl Scouts, or any activities including volunteer work, etc.):

HONORS: List all special awards, honors received and any offices held:

LETTER OF RECOMMENDATION AND OFFICIAL HIGH SCHOOL TRANSCRIPT:

High School applicant must obtain a signed **letter of recommendation** from a High School Teacher, Guidance Counselor or High School Principal. High school applicants must submit a current official high school transcript in an official sealed envelope. College applicants must submit official transcripts from the University Registrar or Bursar Office.

REQUIRED ESSAY: Submit a type written or computer generated essay of not more than 300 words explaining your ambitions, achievements, participation in school and community activities, and occupational goals.

Parent/Guardian Name

Parent/Guardian Mailing Address:

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email Address (if applicable): _____

Relationship to Applicant:

Parent/Guardian Occupation:

STATEMENT OF UNDERSTANDING

I understand that the above information will only be used by NAPS #81 to determine my eligibility for this \$2000.00 Scholarship Award. I understand that my information will be kept in the strictest of confidence. I further understand that by signing this application, the information I am providing is truthful and accurate to the best of my knowledge and ability. I further understand that if I am selected to receive the scholarship award, the award in the amount of up to a one-time \$2000.00 will be made payable to me to help defray/offset any out-of-pocket expenses I may incur during my term of enrollment.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

APPLICANT'S CHECKLIST BEFORE SUBMITTING APPLICATION PACKET:

- I have enclosed a current official transcript with my application.
- I have enclosed my required essay.
- I have enclosed my letter of recommendation, must be an original, signed letter.
- I have read the Statement of Understanding/signed my application.
- My Parent/Guardian has signed my application.
- I have retained a copy of my completed application/documents.