SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State/Zip)

Phone: (_____)_____ Cellular: (_____)_____

Email address: _____ Career objective: _____

Ethnicity: _____ Citizenship: _____

EDUCATIONAL BACKGROUND

High School: _____ GPA: _____ Graduation Date: _____

Jr. High School: _____ Elementary School: _____

Extra-curricular Activities: _____

Community Activities: _____

List other sources of financial assistance you have applied for: _____

Student Quote: _____

28401Schoolcraft Road, Suite 450
Livonia, MI 48150
Phone (248) 872-2216

Effective 11/07/06
Revised 10/22/17

PREFERRED COLLEGES: _____

FIELD OF STUDY: _____

FAMILY HISTORY

Father's Name: _____

Address: _____
(Street) (City) (State/Zip)

Home Phone: (_____)_____ Educational History: _____

Occupation: _____
(Name of Business)
Title: _____ Business Phone: (____)_____

Mother's Name: _____

Address: _____
(Street) (City) (State/Zip)

Home Phone: (____)_____ Educational History: _____

Occupation: _____
(Name of Business)
Title: _____ Business Phone: (___)_____

APPLICANT'S SIBLINGS WHO ARE LIVING AT HOME:

NAME	DATE OF BIRTH	SCHOOL ATTENDING

Other members of the household (give name(s) and age(s)) _____

Family (Annual) Household Income: $_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that falsified statements on this application shall be grounds for denying scholarship award. I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my education and extra-curricular activities and any pertinent information they may have, personal or otherwise, and release the NABS Scholarship Fund, Inc. from all liability for any loss, liability, expense or damage that may result from legal use of such information."

Date: _____ Parent Signature _____

Date: _____ Student Signature _____

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