



**NATIONAL ASSOCIATION OF BLACK SUPPLIERS SCHOLARSHIP FUND**

**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:** \_\_\_\_\_

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

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



**PREFERRED COLLEGES:** \_\_\_\_\_

**FIELD OF STUDY:** \_\_\_\_\_

**FAMILY HISTORY**

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Educational History: \_\_\_\_\_

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

Title: \_\_\_\_\_ (Name of Business)  
Business Phone: (\_\_\_\_) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Educational History: \_\_\_\_\_

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

Title: \_\_\_\_\_ (Name of Business)  
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 \_\_\_\_\_

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