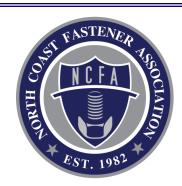
North Coast Fastener Association

Fueling the knowledge of our industry



2024 SCHOLARSHIP APPLICATION





Application Guidelines

Who is eligible for a NCFA Scholarship:

- 1. Children whose parent or legal guardian is a full-time employee of an NCFA Member Company attending, or planning to attend, an accredited institution to obtain a degree
- 2. Full-time Employees of an NCFA Member Company attending or planning to attend an accredited institution to obtain a degree
- 3. Applicants must have a GPA of 3.0 or greater to be considered

Who is NOT eligible:

- 1. Children of NCFA Scholarship Committee Members
- 2. NCFA Scholarship Committee Members
- 3. Consecutive year to year winners

Required Documents:

- 1. Official transcripts from high school teacher (not required for employees applying)
- 2. Letter of recommendation from high school teacher (not required for employees applying)
- 3. SAT or ACT Scores (not required for employees applying)
- 4. Letter of acceptance from the institution you have applied for admission or comparable documentation to confirm attendance at accredited institution

Important Information:

- 1. ALL applications must be postmarked by May 31, 2024 to be considered.
- 2. ALL applicants must be sponsored by a *current* NCFA Member Company.
- 3. Awards will be made payable to the accredited college/university and mailed to the recipient by July 2024.
- 4. Scholarship must be claimed within twelve (12) months of receiving award.
- 5. Application must be typed or printed legibly.
- 6. The NCFA will be giving away up to \$5,000 in scholarships this year!
- 7. Award recipients may be asked to include a brief bio and picture to include in an NCFA newsletter publication.

Completed application must be postmarked by May 31, 2024 and mailed to:

North Coast Fastener Association 6995 Bridlewood Drive Concord, OH 44077 440/975-9503 www.ncfaonline.com Lgraham@ncfaonline.com



I. Applicant Information

	(M.I.) (Last)	
Address:(Street)		
(Street)	(City)	(State) (Zip)
Phone: (Home)	(Business and/or Cell)	
Age: D.O.	B	Male/Female:
U.S. Citizen: Y or N (circle	one) <u>Veteran:</u> Y or N (circ	cle one)
Marital Status:	_ Total Dependen	its:
Spouse's Name:		
(First)	(M.I.)	(Last)
	or dependent status change th	is year? Y N
Do you anticipate a martial	or dependent status change un	

II. NCFA Member/Sponsor Company

Authorized Contac	(Name)		(Title)		
Address:(Street)		(City)		(State)	(Zip)
~		Email:		,	(1)



III. Family Information (High School Applicants Only)

Father's Name:(First)	(M.I.)	(Last)		
Address:				
Address: (Street)	(City)		(State)	(Zip)
Phone: (Home)	(D.,			
Employer:				
Mother's Name:(First)	(MI)	(Last)		
		(Last)		
Address: (Street)	(City)		(State)	(Zip)
Phone:				
Phone: (Home)	(Business))		
D1				
Employer:				
	ant Statement and A	Authoriz	ation	rect and that I ha
IV. Application I hereby acknowledge that the information of the control of the c	ant Statement and Anation contained in this Appand I agree to their condition	Authoriz plication is toons.	ation rue and cor	
IV. Applica I hereby acknowledge that the inform read the N.C.F.A. Scholarship Rules I understand and agree that any schol	ant Statement and Anation contained in this Apparand I agree to their conditional archip award is applicable as a continuous property listed hereing to the N.C.F.A. Scholarship statement and authorization	Authorized constant on the release a committee on the release and the release and the release a committee on the release and the release and the release a committee on the release and the release and the release and the release a committee on the release and the release and the release a committee on the release and the release and the release a committee on the release and	ation rue and cor officially a any biograp se or its aut as an origin	occepted at an ohical, financial of horized nal for such
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V. Education Background

List below in chronological order, each college, university, and high school you have attended. Transcript copies are necessary and must be submitted for application to be considered.

Name of School	Address City/State/Zip	Attendance Date (To/From)	Grade/GPA	Class Rank	Graduation Date

VI. Educational Achievements

	Date	Composite Score
Scholastic Aptitude Test (SAT):		
American College Test (ACT):	/	
List below any honors, awards, offices, have been involved (high school and/or		•



VII. Educational Purpose / Budget Plans

School Name	<u>Address</u>	Area of Study
Briefly state the course	of study and areas of academ	nic interest you intend to pursue:
Do you plan to work du	uring the school term(s)?	If yes, how many hours?
	scholarships, grants, or finan st you for this academic year	icial assistance other than loans and r?
f yes, please list name,	source, amount and duration	n of such financial assistance below:
Oo you plan to apply for	r other financial assistance in	ncluding student loans?
	ther financial assistance you or which you have or plan to	intend to seek and the dollar amount apply:





VII. Essay of Educational Goals and Scholarship Purpose





VII. Essay of Educational Goals and Scholarship Purpose (continued)