

# North Coast Fastener Association

*Fueling the knowledge of our industry*



## 2024 SCHOLARSHIP APPLICATION



# NCFA 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**

# NCFCA 2024 SCHOLARSHIP APPLICATION



## I. Applicant Information

Name: \_\_\_\_\_  
(First) (M.I.) (Last)

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

Phone: \_\_\_\_\_  
(Home) (Business and/or Cell)

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male/Female: \_\_\_\_\_

U.S. Citizen: Y or N *(circle one)* Veteran: Y or N *(circle one)*

Marital Status: \_\_\_\_\_ Total Dependents: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Do you anticipate a marital or dependent status change this year? Y \_\_\_\_\_ N \_\_\_\_\_

Present Employer: \_\_\_\_\_

## II. NCFCA Member/Sponsor Company

NCFCA Member Company: \_\_\_\_\_

Authorized Contact: \_\_\_\_\_  
(Name) (Title)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

# NCFCA 2024 SCHOLARSHIP APPLICATION



## III. Family Information *(High School Applicants Only)*

Father's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

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

Phone: \_\_\_\_\_  
(Home) (Business)

Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

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

Phone: \_\_\_\_\_  
(Home) (Business)

Employer: \_\_\_\_\_

## IV. Applicant Statement and Authorization

I hereby acknowledge that the information contained in this Application is true and correct and that I have read the N.C.F.A. Scholarship Rules and I agree to their conditions.

I understand and agree that any scholarship award is applicable only if I am officially accepted at an accredited College or University.

I authorize any High School, College, or University listed herein to release any biographical, financial or academic information concerning me to the N.C.F.A. Scholarship Committee or its authorized representative. A photocopy of this statement and authorization may serve as an original for such purposes. I understand that any scholarship award will be paid directly to the College or University in which I register.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE** **DATE**

\_\_\_\_\_  
**NCFCA MEMBER COMPANY** **AUTHORIZED SIGNATURE** **DATE**

# NCFEA 2024 SCHOLARSHIP APPLICATION



## 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, achievements and extra curricular activities in which you have been involved (high school and/or college only). Include the institution and year.

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# NCFEA 2024 SCHOLARSHIP APPLICATION



## VII. Educational Purpose / Budget Plans

List below the colleges/universities you plan on attending in order of preference:

<u>School Name</u>	<u>Address</u>	<u>Area of Study</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly state the course of study and areas of academic interest you intend to pursue:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you plan to work during the school term(s)? \_\_\_\_\_ If yes, how many hours? \_\_\_\_\_

Do you have any other scholarships, grants, or financial assistance other than loans and family resources to assist you for this academic year? \_\_\_\_\_

If yes, please list name, source, amount and duration of such financial assistance below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you plan to apply for other financial assistance including student loans?

If yes, please list what other financial assistance you intend to seek and the dollar amount or extent of assistance for which you have or plan to apply:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



