

THE NATIONS ASSOCIATION CHARITIES, INC.

4625 Palm Beach Blvd., Fort Myers 33905

Tel. (239) 332-7575 Fax# (239) 332-4343

SCHOLARSHIP COMPETITION APPLICATION

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: Month _____ Day _____ Year _____ Age _____ SS# _____

Parent/Guardian: _____

Permanent Address: _____

City _____ County _____ State _____ Zip _____

Phone # _____ Cell # _____ E-Mail _____

Are you an American Citizen? () Yes () No U.S. Resident () Yes () No Alien I.D. # _____

Do you live with your parents? () Yes () No, (if not, whom do you live with) _____

High School Attending _____

School Grade: _____ (Seniors only) Your Weighted (GPA) Grade Point Average: _____

(submit a copy of your last report card with this application). ACT Score _____ SAT Score _____

Community Service hours performed: (submit two letters of reference) _____

College or University you plan to attend: (1st Choice) _____

(2nd Choice) _____ Location _____

Field of Study: _____

Family Income: \$ _____ last year (submit a copy of your family's most recent Income tax return)

SSI/SSD or other \$ _____ (attach proof of amount) Is your family on Food Stamp? () yes () No,

Cash Assistance? () Yes () No, or any other government support (explain) _____

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Reviewed by: _____

() Approved () Not Approved (Comments) _____