

NALCREST FOUNDATION TRUSTEES SCHOLARSHIP 2024 APPLICATION

Name of Student:			
Male: Female:			
(You must select only ONE box. If more	than one grandchild is	s eligible, please use a separat	te/additional forms.)
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Nalcrest Resident's Address:		Apt. #:	
City:	State:	Zip	
NALC Branch Name and/or Number:			7.
NALC Branch Member's Name:			
Member Phone Number:		WW.	
******	*****	******	*****
	For Nalcrest Use Only		
I certify (a Nalcrest Trustee) the above na	med member of the NA	LC is in good standing.	
Signature of Nalcrest Trustee:		Date:	
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- 1. The student must have graduated from an accredited High School or have a GED.
- 2. The student must be a grandchild of a member or the spouse of a deceased member who has not remarried.
- Applicant must enroll as a full-time student in an accredited college or university and submit proof of enrollment to receive the funds if awarded. Winners will be notified by mail. <u>DO NOT</u> SUBMIT PROOF OF ENROLLMENT AT THIS TIME.
- 4. Applications must be postmarked on or before December 1, 2024. Entries received with a postmark after December 1, 2024 will not be opened or returned. Only one application per applicant will be accepted.
- 5. This scholarship award is based on a random drawing held during the Annual Residents meeting, not on academic records or qualifications. There will be a total of two (2) scholarships awarded One for female applicants and one for male applicants each in the amount of \$2500.00. Winners will be notified via mail.