**NAFEPA Scholarship Program**

**2019**

**Purpose**

The purpose of the scholarship program is to financially support post-secondary education for qualifying seniors or high school graduates attending their first year of college. Two scholarships are for students pursuing degrees in Education. The other two scholarships may be awarded to applicants pursuing degrees in Education or any other field.

**Eligibility**

High school students who will graduate in 2019 and college freshman who graduated from high school in 2018 are eligible to apply for the NAFEPA scholarship. Candidates will be selected by the NAFEPA affiliate state organization or representative. Each state may select one candidate for the national scholarship program. States with more than 100 members may nominate two candidates.

**Selection Process**

Scholarship winners will be selected based upon the following criteria:

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| **Criteria** | **Point Value** |
| 1. GPA, based on the applicant’s Spring 2018 High School transcript. College freshmen may also submit their most recent College transcript, if applicable. | 20 points |
| 1. School or community extracurricular, service, and/or leadership activities and experiences, including leadership positions/roles held (during high school, grades 9-12) | 25 points |
| 1. Three letters of recommendation, including a letter from the student’s high school principal or administrative designee | 25 points |
| 1. Personal essay that is about 350 words or less and reflects proper conventions of writing (See Application Checklist for details on what to include in the personal essay.) | 30 points |

**Scholarship Payment**

The full amount of each scholarship will be made payable to the institution of the recipient’s choice. It is the responsibility of each scholarship recipient to forward enrollment verification and a tuition invoice from the institution to the NAFEPA scholarship chairperson. Please note that the scholarship is paid directly to the institution.

**Application Process**

1. **Applicant**:
   * Complete the application and attach all required information.
   * Submit one **(1) original and one (1) copy** of the completed packet to **the STATE NAFEPA REPRESENTATIVE by *Tuesday, Jan. 8, 2019.***
2. **Applicant**: Mail the application directly to the address below:

*MAS/FPS & NAFEPA Scholarship Committee*

*P.O. Box 163*

*Tipton, Michigan 49287*

Questions? Contact the State NAFEPA Rep., Jan Callis ([janet.callis@oakland.k12.mi.us](mailto:janet.callis@oakland.k12.mi.us); 248-209-2596).

1. **State NAFEPA Representative**: Forward the state’s selected nominee(s) to the NAFEPA Scholarship Committee by February 1, 2019. Applications must be received electronically or postmarked by February 1, 2019.

**NAFEPA SCHOLARSHIP APPLICATION**

**2019**

**Application Checklist & Signatures**

A **completed** NAFEPA Scholarship Application form with **ALL signatures** must include the following attachments. Place a checkmark or “X” to indicate each document is attached.

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One-page personal narrative (typed, about 350 words or less) in which the applicant:

* Explains the reasons for applying for the scholarship;
* Describes personal experience with adversity & impact on self
* Describes an experience when applicant demonstrated leadership skills or qualities and impact on self or others; and
* Discusses future goals.

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Applicable official high school and/or college transcripts:

* For High School Seniors: Spring 2018 High School transcript
* For College Freshman: Spring 2018 High School transcript AND most recent College transcript, if any college coursework has been completed

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Three letters of recommendation

1. One from the applicant’s high school principal or administrative designee (on letterhead)
2. One from a faculty member or advisor (on letterhead)
3. One from a non-family member

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High School Students only - **Part 3: Certification of Applicant’s HS Completion Status**

(Applicant –Please include the date you would like the principal to return this form to you.)

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Application Checklist with Applicant’s Signature

**Signatures:**

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| --- | --- | --- | --- |
| Applicant: |  | Date: |  |

**For state selected nominees:**

|  |  |  |  |
| --- | --- | --- | --- |
| State NAFEPA Representative: |  | Date: |  |

**NAFEPA SCHOLARSHIP APPLICATION**

**2019**

**Part 1: State NAFEPA Representative** (completed by State NAFEPA Representative):

|  |  |  |
| --- | --- | --- |
| Name of State NAFEPA Representative: | | Jan Callis |
| State Organization, if applicable: | Michigan Association of State and Federal Program Specialists | |

**Part 2: Applicant’s Information** (To be completed by the applicant.)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: |  | | | | First Name: | |  | | MI: |  |
| Student ID Number: | | |  | | Phone: | | | |  | |
| Address: | |  | | | | City: |  | | State: |  |
| Email: | |  | | | | | | | | |
| High School: | |  | | | | District: | |  | | |
| College, if attending: | | | |  | | | | | | |

|  |  |
| --- | --- |
| I plan to pursue a degree in: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Institutional Preferences** | | **Estimated Tuition and**  **Educational Expenses** | **Date Accepted**  (if applicable) |
| 1st Choice |  |  |  |
| 2nd Choice |  |  |  |
| 3rd Choice |  |  |  |

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| Please list the extracurricular and/or service activities in which you actively participated during high school (grades 9-12), either at school or outside of school. Include any leadership positions or roles you might have held with school or community groups or organizations. (Include as an attachment, if preferred.) |
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**NAFEPA SCHOLARSHIP APPLICATION**

**2019**

**Part 3: High School Students Only - Certification of Applicant’s HS Completion Status**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name: |  | Student ID Number: |  |

**To be completed by the High School Principal:**

|  |  |
| --- | --- |
|  | I certify that this student is currently on track to meet the established criteria for obtaining a |
|  | high school diploma at the conclusion of the 2018-19 school year. |

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| --- | --- | --- | --- |
| Principal’s Signature: |  | Date: |  |
| Principal’s Name (Print): |  |  |  |
| Name of High School: |  | State: |  |
| School Phone Number: |  |  |  |

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**Please return this completed form to the applicant by:**

(Return date provided by Applicant.)