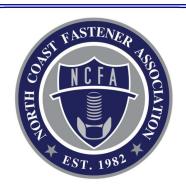
North Coast Fastener Association



2025 SCHOLARSHIP APPLICATION



APPLICANTION GUIDELINES & ELIGIBILITY REQUIREMENTS

Who is eligible

- Children of full-time employees of a current NCFA member company accepted to or currently attending an accredited college/university/institution to obtain a degree
- Full-time employees of an NCFA member company who are currently attending or planning to attend an accredited institution to obtain a degree
- Applicants must have a minimum GPA score of 2.75 to be considered

Who is NOT eligible

- Children of NCFA Scholarship Committee members
- NCFA Scholarship Committee members
- Repeat winners

Required Documents

- Official high school transcripts for applicants that have graduated high school withing the last 4 years
- At least 1 letter of recommendation from a recent teacher, staff, coach, etc.
- SAT or ACT Scores where indicated on application if applicable
- A copy of applicant's acceptance letter from the accredited college/university

Important Information

- Applications must be received by May 31, 2025 to be considered
- Applicants must be employed and/or sponsored by an active NCFA Member Company
- Award winners will be contacted by phone at the number listed on application by July 2025
- Award payments will be mailed to the applicant's address listed on application by <u>July 2025</u>
- Scholarship awards must be claimed within twelve (12) months of receiving.
- Application must be typed or printed legibly
- The NCFA will award \$5,000 in scholarships again this year. Best of luck to all applicants

Completed applications can be **emailed or mailed** to the NCFA Office and must be received by May 31, 2025, to be considered.

North Coast Fastener Association 6995 Bridlewood Drive Concord, OH 44077 Phone: 440/975-9503

www.ncfaonline.com

Email: Lgraham@ncfaonline.com



APPLICANT INFORMATION

(First)	(M)	(Last)		
ddross				
Address:	(Cit	<i>y</i>)		(State & Zip)
hone:	Email:			
ge: DOB:		Male/Fe	male:	
urrent Student (Y/N):	If yes, high school or c	ollege:		
.S. Citizen (Y/N): Veter	an (Y/N): Mar	ried (Y/N):	Total Dep	endents:
o you anticipate a marital chan	ge this year? (Y/N):			
o you anticipate a dependent cl	nange this year? (Y/N):			
re you currently employed? (Y/I			nor wook do w	ou work:
	RMATION (High			
FAMILY INFO	RMATION (Higl			
FAMILY INFO	RMATION (Higl			
FAMILY INFO ather's Name:	RMATION (High	n School <i>A</i>	pplicant	Only)
FAMILY INFO ather's Name: (First) Address: (Street)	RMATION (High	n School <i>A</i>	pplicant	
FAMILY INFO father's Name: (First) Address: (Street)	RMATION (High	n School A	pplicant	Only)
FAMILY INFO Father's Name: (First) Address: (Street)	RMATION (High	n School A	pplicant	Only)
FAMILY INFO ather's Name: (First) Address: (Street) Phone: Imployer:	(M)	n School A	pplicant	Only)
FAMILY INFO father's Name:	(M) (City	n School A	(Last)	Only)
Address:(Street) Phone: Employer: Mother's Name:	(M) (City	n School A	(Last)	Only)

APPLICANT STATEMENT & 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 NCFA 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 awarded to me must be applied to the accredited College or University in which I register and have indicated in this application.

PRINTED NAME OF APPLICANT	DATE
APPLICANT SIGNATURE	DATE

NCFA MEMBER COMPANY SPONSOR

NCFA Member Company:		
Authorized Representative Name (Please print):		
Authorized Representative Phone:		
Email:		_
AUTHORIZED REPRESENTATIVE SIGNATURE	DATE	

EDUCATION BACKGROUND & ACHIEVEMENTS

Please list your education information below beginning with high school followed by college if applicable

NAME OF SCHOOL	ADDRESS	DATE ATTENDED	GPA	CLASS RANK	GRADUATION DATE
American College Te	est (ACT):				
Test Date:			Score	·	
Scholastic Aptitude	Test (SAT):				
Test Date:			Score	:	
Use the space provided belowould like us to know abour		eral details	and year	if applicable.	
					

EDUCATIONAL PURPOSE & FINANCIAL PLANS

Area of Study

Degree Type

Δddress

Please list all the institutions you have been accepted to in order of preference below.

University/College Name

offiversity/ conege traffic	/ tddi C55	/iica or stady	Degree Type
Please confirm the college/unive			
apply an NCFA Scholarship towar	ds it selected:		
Briefly state the course of study a	and areas of academic interest y	ou intend to pursue to obtain	n a degree.
Do you plan to work during the s	chool term? (Y/N):	If yes, how many hours:	
Do you have any scholarships, grapaying for school? (Y/N):	ants or financial assistance othe	r than loans or family resour	ces to assist you in
If yes, please list the name, source	e, amount and duration of your	financial assistance below.	

EDUCATIONAL PURPOSE & FINANCIAL PLANS - CONTINUED

Will you be applying for	r other financial assis	stance includi	ng student loans	? (Y/N):	
If yes, please list what of include the amount and	d extent of assistanc	e below.			

ESSAY OF EDUCATIONAL GOALS AND SCHOLARSHIP PURPOSE

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