



# National Corvette Restorers Society Foundation Scholarship Award Application

Only the Scholarship Committee will review this application and all information will be treated confidentially. In order for your application to receive full and fair consideration, it is absolutely essential that you provide All Information requested completely, accurately and thoroughly.

**Applications not meeting these requirements will not be considered!**

**Only applications postmarked between June 1, 2018 and August 14, 2018 will be considered.**

Mail completed application to: Joan Burnett  
NCRS Foundation Chair  
250 West Highway U  
Troy, MO 63379

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**PART ONE: APPLICATION**

I am applying for:  
*(Check all that apply)*

- General Scholarship
- Automotive Scholarship - *The Automotive Scholarships are available to students pursuing a career in the Auto Industry by attending either an automotive-related technical school or college.*
- Marvin Burnett Memorial Scholarship - *The Marvin Burnett Memorial Scholarship is available to students pursuing a degree in Education.*

How many times prior to this application have you been assisted with an NCRS Foundation Scholarship? \_\_\_\_\_

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**PART TWO: APPLICANT AND SPONSOR**

*Please Type or Print Legibly*

Student Name \_\_\_\_\_  
*(First) (Middle Initial) (Last)*

Home Address \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Applicants \_\_\_\_\_ Applicants \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

NCRS Sponsoring Member \_\_\_\_\_ NCRS Membership # \_\_\_\_\_

Relationship of Applicant to Member (circle one) Self Child Grandchild Niece Nephew

Signature of NCRS Sponsoring Member \_\_\_\_\_

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**PART THREE: EDUCATION PLANS FOR SCHOOL YEAR 2018-2019**

I am currently /will be attending (circle one) \_\_\_\_\_  
*(Name of College/School)*

Attending College Address \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

I authorize the NCRS to conduct an investigation into my eligibility for this Scholarship Award. Applicant Initials \_\_\_\_\_

Class Status:  Freshman  Sophomore  Junior  Senior  Graduate Student

Credit hours you will be taking this fall \_\_\_\_\_ *(a minimum of 12 credit hours or full time student status (as outlined by the school) is required.)*

Degree Seeking \_\_\_\_\_

**PART THREE: EDUCATION PLANS FOR SCHOOL YEAR 2018 - 2019 - Continued**

Credit Hours already earned: \_\_\_\_\_ Cum GPA (*converted to 4.0 scale*) \_\_\_\_\_

**Only an Official transcript including the Spring 2018 semester will be accepted. This transcript must be submitted with your application or mailed directly from your school. If being mailed by school please initial here. \_\_\_\_**

SAT/ACT Score: \_\_\_\_\_ Previous Degrees earned: \_\_\_\_\_

Other Colleges / Universities attended \_\_\_\_\_

**PART FOUR: LEADERSHIP & CHARACTER**

Please attach on a separate sheet your response to the following: Describe your **five** most recent significant activities (academic, athletic, cultural, community-related, occupational, etc.) in which you have been involved that allowed you to develop your Leadership skills while building character. Be sure you describe your role in each of these activities, the leadership skill acquired and the impact on you as an individual.

**PART FIVE: ESSAY REQUIREMENT**

Please attach a 500 word essay on the following topic: "What do you consider to be the single most important problem in society today and why? What are some ways we as a society could begin to address this challenge?"

**PART SIX: FINANCIAL NEED**

*Please complete this section accurately and completely! Failure to do so may result in disqualification.*

Indicate the full cost of attending the indicated institution for the full academic year	Cost Category	Full Year Cost
	Tuition	\$
	Room and Board	\$
	Books	\$
	A. Total	\$

Please list by name and type the total financial assistance from other scholarships and /or grants. Be specific. Do Not include loans:	Name & Type	Full Year Cost
		\$
		\$
		\$
	B. Total	\$

Subtract the Total from B from the Total in A. for the apparent financial need	\$
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Please attach on a separate sheet your response to the following question: From a financial standpoint, what impact would this scholarship have on your education? State any special personal or family circumstances affecting your need for financial assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Application must be signed and dated to be considered complete)*

**Application Check List**

- Signed by Applicant     Signed by Sponsor     Official Transcript Enclosed /Requested     Parts 4, 5 & 6 Attached