



## National Corvette Restorers Society Foundation 2025-2026 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 emailed or postmarked between June 1, 2025, and August 1, 2025, will be considered.**

**Email** Application & attachments as Word or PDF documents only to: NCRSfoundation2006@gmail.com  
or **Mail** completed application to:

Joan Burnett  
NCRS Foundation Chair  
250 West Highway U  
Troy, MO 63379

I am applying for:

*(Check all that apply)*

### PART ONE: APPLICATION

- ☐ 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? \_\_\_\_\_

### PART TWO: APPLICANT AND SPONSOR

*Please Type or Print Legibly*

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

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

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 \_\_\_\_\_

### PART THREE: EDUCATION PLANS FOR SCHOOL YEAR 2025-2026

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 investigate 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 2025 - 2026 - Continued

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

Only an **Official** transcript including the **Spring 2025** semester will be accepted. This transcript must be sent in a sealed envelope from the registrar with your application or emailed or mailed directly from your school. If being sent directly by the school, please initial here. \_\_\_\_\_

Earlier 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 skills acquired and the impact on you as an individual.

PART FIVE: ESSAY REQUIREMENT

Please attach a 500-word essay on the following topic: "Think of an accomplishment or event that led you to change the way you see the world or your belief about yourself. Describe the accomplishment or event and what change it has sparked in you or in your relationship with others."

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 aid 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 overall 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 aid.

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

Application Check List to be used.

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