



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 15, 2020 and August 15, 2020 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 Email Address _____ Applicants 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 2020-2021

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 2020 - 2021 - Continued

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

Only an **Official** transcript including the **Spring 2020** semester will be accepted. This transcript must be submitted in a sealed envelope from the registrar 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: *“Tell us about a time where you had to either take a risk or stay safe. What did you do? What happened? Would you do it again?”*

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 <u>for the full academic year</u> | 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. <u>Be specific. Do Not include loans:</u> | Name & Type | Full Year Cost |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| B. Total | \$ | |

| | |
|--|----|
| Subtract the Total from B from the Total in A. for the apparent financial need | \$ |
|--|----|

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