

Henry D. Cozens Scholarship Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Parent or Guardian Name: _____ Parent Guardian

Parent or Guardian Address: _____

City: _____ State: _____ Zip: _____

N.A.P.E. Chapter applicants parent or guardian affiliated with: _____

Brief description of applicants parent or guardian's activity within N.A.P.E: _____

List colleges/universities/technical schools you have applied to: _____

You are awaiting acceptance to: _____

You have been accepted to: _____

Major you are looking to study: _____

Are you already enrolled in a college/university/technical school? Yes No

If yes, what college/university/technical school are you currently attending? _____

Year of study you will be entering: _____

Major studying: _____

Have you applied for other financial aid this year? Yes No

If yes, where? _____

Have you been awarded any of this additional financial aid? Yes No

If yes, what amount: _____

- a. **Attach transcripts of school you are currently attending showing your scholastic standing. Be sure to include any extra curricular activities you may be involved in. Obtain a letter of recommendation from school principal or department head.**
- b. **In your handwriting, please submit your reasons for applying for the Henry D. Cozens Scholarship. Attach a recent photograph of yourself** (winning applicants photo will be published in the bi-monthly magazine).
- c. **Do not overlook any other information that might enhance your application. Please attach any additional information you find pertinent.**

* *Note: Applicant awarded this scholarship is required to contact their sponsoring N.A.P.E. Chapter and National Secretary either by phone or through email at least twice a year (January and June) to notify of progress in school and any major changes in educational plans.*

Applicant's Signature: _____ **Date:** _____

Sponsoring N.A.P.E. Member: _____ **Membershhip No.** _____
(Please Print)

Sponsors Signature: _____ **Date:** _____

Please Note: Applications that are illegable will not be considered for this scholarship.

For National Office Use Only

Approved **Disapproved** **Date:** _____

Signature (1): _____

Signature (2): _____

Comments: _____
