

# **NAFEPA Scholarship Program**

National Association of Federal Education Program Administrators

## **Purpose**

The purpose of the scholarship program is to financially support post-secondary education for qualifying seniors or high school graduates who attending their first year of college. Two scholarships are for students pursuing a degree in Education. The other two scholarship winners can pursue a degree in Education or any other major.

## **Eligibility**

Candidates for the NAFEPA scholarship will be selected by the NAFEPA affiliate state organization or representative. Each state may select one candidate for the national scholarship program. States with more than 100 members may nominate two candidates for each award.

## **Selection Process**

Scholarship winners will be selected based upon the following criteria of equal point value:

- High school or college transcript from the fall of 2016 (20 points)
- Extracurricular activities, leadership, service within the community, non-profit or church (20 points)
- Three letters of recommendation, including letter from the principal (20 points)
- Financial need (20 points)
- A 300-word essay (max, please) outlining his/her leadership activities and future goals. (20 points)

## **Scholarship Payment**

The full amount of each scholarship will be made payable to the institution of choice. It is the responsibility of each scholarship recipient to forward enrollment verification and tuition invoice from the institution to the scholarship chairperson. Please note that the scholarship is paid directly to the institution.

## **Application Process**

- Complete the application and attach all required information.
- **Application is due to the Regional Director: Alefia Paris-Toulon, 1104 Broad St. Wichita Falls, TX. 76307 by January 13, 2017. Alefia may also be reached by email at [aparis-toulon@wfid.net](mailto:aparis-toulon@wfid.net) or telephone number: 940-235-1024**
- One applicant from each region must be received by the ACET scholarship chair by **January 24, 2017**
- Your state representative will submit the state nominee by January 30, 2017
- Applications must be received (either electronically or postmarked) by January 30, 2017

## NAFEPA SCHOLARSHIP APPLICATION

### Part 1

NAFEPA member name submitting this application \_\_\_\_\_, State\_\_ to the State  
\_\_\_ Association for consideration.

(To be completed by the applicant)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Student ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

### Institutional Preference(s)

### Tuitions and Educational Expenses

1<sup>st</sup> Choice \_\_\_\_\_

1. \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

2. \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

3. \_\_\_\_\_

A **completed** NAFEPA Scholarship Application form with **ALL signatures** must have the following attachments:

- One-page personal narrative (typed 300 words max) explaining why he/she is applying for the scholarship. Should include any/all awards, leadership experiences, community service activities.
- A Fall 2016 High school or college transcript
- Three letters of recommendation
  1. One from the principal on letterhead
  2. One from a faculty member or advisor on letterhead
  3. One from a non-family member
- Completed **Part 2** Demonstration of Financial Need

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

NAFEPA Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 2**

**Demonstration of Financial Need**

High School Seniors who apply for a NAFEPA scholarship must submit Part 2. After completing and signing the top section. The applicant must forward Part 2 to the High School principal for his/her signature.

**For High School Applicants:**

Institutional Preference \_\_\_\_\_ Have you been accepted? \_\_ yes \_\_ no \_\_ not yet

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to advise the NAFEPA Board as my demonstrated financial need for the purpose of my application for the NAFEPA Scholarship Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the High School Principal:

I certify that this student is eligible under USDA guidelines for either: Free \_\_\_\_, Reduced \_\_\_\_, or Paid \_\_\_\_ lunch participation and that this student will meet the established criteria for obtaining a \_\_\_\_ high school diploma at the conclusion of the school year. (State)

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_ High School \_\_\_\_\_

School Phone # \_\_\_\_\_ % students eligible for free/reduced lunch at this school \_\_\_\_\_

This application must be submitted to the State Association by \_\_\_\_\_

**For College Freshmen Applicants:**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to advise the NAFEPA Board as my demonstrated financial need for the purpose of my application for the NAFEPA Scholarship Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the Financial Aid Office:

I have reviewed the Free Application for Federal Student Aid (FAFSA) for the above student and verified financial need as follows:

Estimated cost of attendance \$ \_\_\_\_\_

Expected family Contribution \$ \_\_\_\_\_

Anticipated Aid other sources \$ \_\_\_\_\_

Estimated Need \$ \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Financial Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of College or University

\_\_\_\_\_  
Address