**NAFEPA Scholarship Program**

**2018**

**Purpose**

The purpose of the scholarship program is to financially support post-secondary education for qualifying seniors or high school graduates attending their first year of college. Two scholarships are for students pursuing a degree in Education. The other two scholarships may be awarded to applicants pursuing degrees in Education or any other field.

**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.

**Selection Process**

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

|  |  |
| --- | --- |
| **Criteria** | **Point Value** |
| 1. High School Seniors: High School transcript from Fall 2017 (GPA) 2. College Freshman: High school transcript AND College transcript from Fall 2017 (GPA) | 20 points |
| 1. Extracurricular activities, leadership, service within the community, and non-profit or church-related service activities | 20 points |
| 1. Three letters of recommendation, including a letter from the student’s high school principal or administrative designee | 20 points |
| 1. Financial need, based on eligibility for the federal lunch program or the student’s FAFSA application | 20 points |
| 1. A 300-word personal essay (max, please) outlining the student’s leadership activities and future goals | 20 points |

**Scholarship Payment**

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

**Application Process**

* Complete the application and attach all required information.
* Send the completed packet to the attention of **Allison Baker** via one of the following methods: email to [Allison.Baker@darlington.k12.sc.us](mailto:Allison.Baker@darlington.k12.sc.us); mail to Darlington County School District, 120 East Smith Avenue, Darlington, SC 29532; or fax to 843-398-2225.
* Allison Baker must receive applications (either electronically or postmarked) by Friday, January 19, 2018.
* Allison Baker will submit South Carolina’s two nominees to the Scholarship Committee Chairperson by January 31, 2018.
* Applications must be received by the Scholarship Committee Chairperson (either electronically or postmarked) by January 31, 2018.

**NAFEPA SCHOLARSHIP APPLICATION**

**2018**

**Part 1: NAFEPA Representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of NAFEPA member submitting application: | |  | | |
| Name of Affiliated State Organization: |  | | State: |  |

**Part 2: Applicant’s Information** (To be completed by the applicant.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: |  | | First Name: | |  | MI: |  |
| Student ID Number: | |  | Phone: | | |  | |
| Address: |  | | | City: |  | State: |  |

|  |  |  |
| --- | --- | --- |
| **Institutional Preferences** | | **Tuition and**  **Educational Expenses** |
| 1st Choice |  |  |
| 2nd Choice |  |  |
| 3rd Choice |  |  |

A **completed** NAFEPA Scholarship Application form with **ALL signatures** must have the following attachments. Place a checkmark or “X” to indicate each document is attached.

|  |
| --- |
|  |

One page personal narrative (typed, 300 words max) explaining why ~~he/she~~ the student is applying for the scholarship. The essay should include any/all awards, leadership experiences, and community service activities.

|  |
| --- |
|  |

Fall 2017 High School transcript; and College transcript, for college freshman

|  |
| --- |
|  |

Three letters of recommendation

1. One from the applicant’s high school principal or administrative designee (on letterhead)
2. One from a faculty member or advisor (on letterhead)
3. One from a non-family member

|  |
| --- |
|  |

Completed **Part 3A** (HS students) **or 3B** (College students), Demonstration of Financial Need

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature: |  | Date: |  |
| NAFEPA Member Signature: |  | Date: |  |

**Part 3A: Demonstration of Financial Need for High School Applicants**

High School Seniors who apply for a NAFEPA scholarship must submit Part 3A. After completing and signing Parts 1 and 2, the applicant must forward Part 3A to the High School principal to complete and sign.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| College/University Preference: |  | | | | | | |
|  | | | | | | | |
| Have you been accepted? | |  | YES |  | NO |  | Not Yet |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature: |  | Date: |  |

**To be completed by the High School Principal:**

I certify that this student is eligible under USDA guidelines for either (check or put an “X” by one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Free Lunch, |  | Reduced-Price Lunch, or |  | Not Eligible (Paid Lunch) |
| and that this student will meet the established criteria for obtaining a high school diploma at the conclusion of the school year. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Principal’s Signature: |  | Date: |  |
| Principal’s Name (Print) |  |  |  |
| Name of High School: |  | State: |  |
| School Phone Number: |  |  |  |
| Percent of students eligible for free/reduced-price lunch at this school | | | % |

This application must be submitted to the State Association by Friday, January 19, 2018.

**Part 3B: Demonstration of Financial Need for College Applicants**

College students who apply for a NAFEPA scholarship must submit Part 3B. After completing and signing Parts 1 and 2, the applicant must forward Part 3B to the Financial Aid Office of the applicant’s college/university to complete and sign.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s 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 |  | Street Address |
|  |  |  |
| Contact Number for Financial Officer |  | City State Zip |

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