

**Marcia Pierce Academic Scholarship Application**

(for Dependent or Grandchild of NAIFA-SC Members)

Please complete this form. Information must be typed or printed directly on this form.

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| --- | --- |
| Applicant Name:       | Age:      |
| Home      Address:       |
| Mailing      Address:       |
| Telephone Number Home:       | Cell:       |
| Email Address:       |
| Name of Accredited College (2 or 4 year) or Community College:      |
| College Mailing Address:             |
| College Admissions Office Telephone Number:       |
| Parent/Guardian/Grandparent’s Name who is an NAIFA-SC Member:      |
| Relationship to Applicant: [ ]  Parent [ ]  Guardian [ ]  Grandparent |
| Number of years parent/guardian/grandparent has been a member of NAIFA-SC?       |
| Parent/Guardian/Grandparent’s Email Address:       |
| Overall GPA:       |
| Major GPA, if applicable:       |
| Major, if applicable:       |
| Expected graduation date:       |
| **Honors:**       |
| **Activities / Sports:**       |
| **Jobs / Volunteer Work:**       |
| **Family Care Responsibilities:**       |
| **Community Involvement:**       |
| **Are there any other circumstances that should be considered when reviewing your application?**      |

**Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**