

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