

2024-25 NCCPA SCHOLARSHIP APPLICATION

1. Applicant's full name:		
2. Street/mailing address:	City	Zip
3. Date of Birth: Age	e: Sex: Phone (Home/ce	ell):
4. Name of high school you now atten	nd:	
5. High School Counselor:		
6. Father/Guardian:(Name)	(Mailing Address)	(Phone #)
Father's Occupation:		
7. Mother/Guardian:		
Mother's Occupation:	ne) (Mailing Address)	(Phone #)
8. Yearly Gross Household Income: _		
9. Number of children at home:	Number of children attending	college:
10. Applicant's proposed program of s	study:	
11. Are you employed? Yes1	No If yes, part-time	full-time
12. Place of employment:	Type of work:	
13. List relatives who are members (in		
14. Please state the reason (s) why you	u need financial assistance to attend	
15. Describe your extracurricular, volu	unteer, and work activities: (use ad	ditional sheet if needed)
Activity	Grade Levels Hours Week	rs Positions held, hon-

	-	e
7. Use this space to Ship Committee:	-	you feel would be of interest to the Scholar-
ease read and sig	n the honor statement.	
	CEI	RTIFICATION
my knowledge. I a y own work. I unde	the answers and statements conta also certify that this application,	ained in this application are true to the best including any short answers and essays, is
my knowledge. I a y own work. I undo documents have b	the answers and statements conta also certify that this application, erstand that I may be disqualified	ained in this application are true to the best including any short answers and essays, is
my knowledge. I a y own work. I undo documents have b	the answers and statements contalso certify that this application, erstand that I may be disqualified been intentionally fabricated. Charmin Minahan NCCPA Scholarship C 970 N. Glenn Road Casper, WY 82601	ained in this application are true to the best including any short answers and essays, is d from this scholarship award if any statement. Date day, April 1, 2025 at 4:00 PM to: