

NCATO

NORTHAMPTON COUNTY ASSOCIATION OF TOWNSHIP OFFICIALS

c/o Williams Township
655 Cider Press Road
Easton, PA 18042

Phone 610-258-8587

Fax 610-258-6080

APPLICATION FOR SCHOLARSHIP

GENERAL INFORMATION:

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Number and Street)

City _____ State _____ Zip Code _____ Township _____

Area Code/Telephone (_____) _____

Date of Birth _____ Email: _____

Township You Reside In: (Qualification Requirement)

- | | | | |
|-------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Allen | <input type="checkbox"/> Hanover | <input type="checkbox"/> Lower Saucon | <input type="checkbox"/> Upper Mt. Bethel |
| <input type="checkbox"/> Bushkill | <input type="checkbox"/> Lehigh | <input type="checkbox"/> Moore | <input type="checkbox"/> Upper Nazareth |
| <input type="checkbox"/> East Allen | <input type="checkbox"/> Lower Mt. Bethel | <input type="checkbox"/> Palmer | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Forks | <input type="checkbox"/> Lower Nazareth | <input type="checkbox"/> Plainfield | <input type="checkbox"/> Williams |

EDUCATION INFORMATION:

College or university in which you plan to be enrolled:

School _____

Address _____

Area Code/Phone (_____) _____

Major _____

Type of degree program: ☐ Associates Degree
(Check One) ☐ Bachelor Degree
☐ Other _____

OTHER REQUIRED INFORMATION:

1. Academic transcript from the school most recently attended.
2. Letter of reference from guidance counselor or academic advisor.
3. Personal Statement

PLEASE NOTE THIS SCHOLARSHIP IS ONLY AVAILABLE TO GRADUATING HIGH SCHOOL SENIORS

**Please submit your completed application and required materials no later than
August 3, 2020.**

NCA TO

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EDUCATIONAL INSTITUTION RELEASE FORM

STUDENT SECTION:

FROM _____
Name of Scholarship Applicant

Number and Street Address

City/State/Zip Code

RELEASE TO THE INSTITUTION:

By this letter, I hereby authorize you, the Financial Aid Office of _____
(Name of Institution)

to release my personal financial analysis information from the Federal Methodology (FM) record or a similar report,
to the Northampton County Association of Township Officials for considering my eligibility for a scholarship.

Signature of Student Applicant

Signature of Parent (or Spouse, if married)

COLLEGE SECTION:

1) Cost of tuition, room and board* \$ _____

** (If the student lives off-campus, please include in this figure the
cost as if the student resided in campus housing for the year.)*

2) Parent Adjusted Gross Income \$ _____

3) Student Adjusted Gross Income \$ _____

4) Calculated Family Contribution \$ _____

5) Other available sources of financial aid:

Total Grants \$ _____

Total Loans \$ _____

Signature/Title of College Official

Date

All completed applications and required information must be postmarked no later than August 3, 2020.

Submit all required information to the address below:

Northampton County Association of Township Officials
Attn: 2020 Scholarship Committee
c/o Melody Ernst @ Williams Township
655 Cider Press Road, Easton, PA 18042