**NAFEPA Scholarship Program, 2023**

**Cover Page**

**Purpose**

The purpose of the scholarship program is to financially support post-secondary education for qualifying high school seniors attending their first year of college. There are four scholarships, each worth $2,500, and they are non-renewable. Two scholarships are for students pursuing degrees in education. The other two scholarships are awarded to applicants pursuing degrees in any field of study.

**Eligibility**

High school students who are on track to graduate by the conclusion of the 2022-23 academic year are eligible to apply for the NAFEPA scholarship. In addition, the applicant must be enrolled in a public school district or charter school (public school academy) with at least one current NAFEPA member. (Contact the State’s NAFEPA Representative, found at <https://nafepa.org/Board-of-Directors>, for the State’s NAFEPA membership directory.) Candidates will be nominated by the NAFEPA state affiliate organization or representative. Each state may select one candidate to nominate for the national NAFEPA scholarship program. States with more than 100 NAFEPA members may nominate two candidates.

**Selection Criteria**

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| **Criteria** | **Points** |
| 1. A personal essay of 350 - 500 words that reflects proper conventions of writing and fully addresses the required discussion points (See Application Checklist for discussion points.)
 | 50 points |
| 1. GPA, based on the applicant’s Spring 2022 High School transcript.
 | 20 points |
| 1. School, community, service, leadership and/or work activities and experiences in which the applicant participated during grades 9-12, including leadership positions held.
 | 15 points |
| 1. Three letters of recommendation including a letter from the student’s high school principal or administrative designee, a faculty member/advisor, and a non-family member.
 | 15 points |

**Scholarship Payment**

The full amount of each scholarship will be made payable to the institution of the recipient’s choice for the 2023-24 academic year. 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**

**Applicant:**

1. Complete the application and attach all required information. **Use one-sided pages only. Separate the packets using paper clips or a folder. No staples, please.**
2. Submit two copies of the completed application packet **(one original and one copy)** to the ACET Regional Director by *January 2nd* at the address below:

Mercedez Rassi

*612 S Irene St*

*San Angelo, TX 76904*

ACET Regional Director’s contact information:***Mercedez.Rassi@esc15.net*** ***or 325-481-4090***

**NOTE:** Each candidate selected as a State award recipient will be invited to share a photo (headshot preferred) for a presentation at the NAFEPA Conference in March, if also selected as a NAFEPA award recipient.

**State NAFEPA Representative:**

1. Forward two copies of each State nominee’s application packet to the NAFEPA Scholarship Committee Rep. Applications must be postmarked **by Feb. 1, 2023.**
2. Forward each State nominee’s photo to the NAFEPA Scholarship Committee Rep by Mar. 1. 2023, if applicable.

**Questions?** Contact the State’s NAFEPA Representative or the NAFEPA Scholarship Committee Chair, Ann West (205-921-3191, awest@mcbe.net) or Co-Chair, Jan Callis (248-209-2596, janet.callis@oakland.k12.mi.us).

**NAFEPA SCHOLARSHIP APPLICATION**

**2023**

**Application Checklist and Cover Sheet**

Applicants must submit **two copies of the application packet** - the Original Packet, plus one copy.

* Print or copy one-sided only.
* Please use paper clips or a folder to separate the two packets. No staples, please.
* Use this Checklist as a cover sheet for each Packet.

A **completed Scholarship Application Packet** includes ALL of the following documents and ALL required signatures.

|  |  |
| --- | --- |
|  |  **Completed Scholarship Application Form,** including this Checklist and all four parts;  |
|  |  | **Application Checklist,** with applicant’s signature and date |
|  |  | **Part 1**: State NAFEPA Representative Information  |
|  |  | **Part 2**: Applicant’s Information |
|  |  | **Part 3**: List of School, Community, Service, Leadership, and Work Activities/Experiences |
|  |  | **Part 4**: Certification of Applicant’s High School Completion Status by high school principal |
|  |  | (Applicant – Please add the date the principal is to return this form to you.) |
|  |  |
|  | **Spring 2022 High School transcript**  |
|  |  |
|  | **Three letters of recommendation:**  |
|  | 1. One from the applicant’s high school principal or administrative designee (on school/district letterhead)
2. One from a faculty member or advisor (on school/district letterhead)
3. One from a non-family member
 |
|  | **Personal Essay** (typed, about 350 - 500 words) in which the applicant:  |
|  | 1. Explains the reasons for applying for the scholarship;
2. Describes a personal experience with adversity & the impact on self;
3. Describes an experience when the applicant demonstrated leadership skills or qualities and the impact on self or others;
4. Describes an experience when the applicant demonstrated personal responsibility and the impact on self or others; AND
5. Discusses future goals and why they are important.
 |
|  | **Use the Application Checklist with the Applicant’s Signature as a Cover Sheet** |

|  |  |
| --- | --- |
|  | **Initials - My initials verify my understanding that to be eligible for the NAFEPA Scholarships, I must be enrolled in a public school district or charter school (public school academy) with at least one current NAFEPA member.**  |
|  | *Contact the State’s NAFEPA Representative (found at* [*https://nafepa.org/Board-of-Directors*](https://nafepa.org/Board-of-Directors)*) for the State’s NAFEPA membership directory.* |

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

|  |
| --- |
| **State NAFEPA Representative’s Signature:** By signing below, I verify that our state nominates this applicant for the 2023 NAFEPA scholarships and confirm that the applicant meets all eligibility requirements.**STATE NAFEPA Rep’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STATE NAFEPA Rep’s Full Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Photo will be sent by 3/1/23: \_\_\_Yes \_\_\_ No** |

**NAFEPA SCHOLARSHIP APPLICATION**

**2023**

**Part 1: State NAFEPA Representative** (To be completed by the State NAFEPA Representative.)

|  |  |
| --- | --- |
| Name of State Representative:  |  |
| Nominating State: |  |

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

|  |  |
| --- | --- |
| Applicant’s Full Name: |  |
| Mailing Address: |  |
| City, State, and ZIP Code: |  |
| Email:  |  | Phone: |  |
| High School: |  | School District: |  |

|  |  |
| --- | --- |
| I plan to pursue a degree in:  |  |

|  |  |  |
| --- | --- | --- |
| **Institutional Preferences** | **Estimated Tuition and****Educational Expenses** | **Date Accepted**(if applicable) |
| 1st Choice |  |  |  |
| 2nd Choice |  |  |  |
| 3rd Choice |  |  |  |

|  |
| --- |
| **Part 3: School, Community, Service, Leadership, and Work Activities/Experiences**Please list activities in which you have actively participated during high school (grades 9-12), either at school or outside of school. Include any leadership positions or roles you might have held with school or community groups or organizations. For each activity, put the number of years you participated in parentheses. [Ex. *Debate Team (2 yrs)]*. (Include as an attachment, if preferred.) |
|  |

**NAFEPA SCHOLARSHIP APPLICATION**

**2023**

**Part 4: Certification of Applicant’s High School Completion Status**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name:  |  | Student ID Number: |  |

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

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| --- | --- |
|  | By checking this box, I certify that this student is a high school senior and is currently on track  |
|  | to meet the established criteria for obtaining a high school diploma by the conclusion of the 2022-23 academic year. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal’s Signature:** |  | **Date:** |  |
| **Principal’s Name (Print):** |  |  |  |
| **Name of High School:** |  | **State:** |  |
| **School Phone Number:** |  |  |  |

|  |  |
| --- | --- |
| **Please return this completed form to the applicant by:** |  |

 (The Applicant must include a Return Date.)