



National Corvette Restorers Society Foundation 2024-2025 Scholarship Award Application

Only the Scholarship Committee will review this application and all information will be treated confidentially. In order for your application to receive full and fair consideration, it is absolutely essential that you provide All Information requested completely, accurately and thoroughly.

Applications not meeting these requirements will not be considered!

Only applications postmarked between June 15, 2024, and August 14, 2024, will be considered.

Mail completed application to: Joan Burnett
NCRS Foundation Chair
250 West Highway U
Troy, MO 63379

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I am applying for: **PART ONE: APPLICATION**

(Check all that apply)

- General Scholarship
- Automotive Scholarship - *The Automotive Scholarships are available to students pursuing a career in the Auto Industry by attending either an automotive-related technical school or college.*
- Marvin Burnett Memorial Scholarship - *The Marvin Burnett Memorial Scholarship is available to students pursuing a degree in Education.*

How many times prior to this application have you been assisted with an NCRS Foundation Scholarship? _____

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PART TWO: APPLICANT AND SPONSOR

Please Type or Print Legibly

Student Name _____
(First) (Middle Initial) (Last)

Home Address _____
(Street) (City) (State) (Zip Code)

Applicants Email Address _____ Applicants Cell Phone Number _____

Signature of Applicant _____

NCRS Sponsoring Member _____ NCRS Membership # _____

Relationship of Applicant to Member (check one) Self Child Grandchild Niece Nephew

Signature of NCRS Sponsoring Member _____

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PART THREE: EDUCATION PLANS FOR SCHOOL YEAR 2024-2025

I am currently /will be attending (check one) _____
(Name of College/School)

Attending College Address _____
(Street) (City) (State) (Zip Code)

I authorize the NCRS to conduct an investigation into my eligibility for this Scholarship Award. Applicant Initials _____

Class Status: Freshman Sophomore Junior Senior Graduate Student

Credit hours you will be taking this fall _____ *(a minimum of 12 credit hours or full-time student status (as outlined by the school) is required.)*

Degree Seeking _____

PART THREE: EDUCATION PLANS FOR SCHOOL YEAR 2024 - 2025 - Continued

Credit Hours already earned: _____ Cum GPA (*converted to 4.0 scale*) _____

Only an Official transcript including the Spring 2024 semester will be accepted. This transcript must be sent in a sealed envelope from the registrar with your application or mailed directly from your school. If being mailed by school, please initial here. _____

Earlier Degrees earned: _____

Other Colleges / Universities attended: _____

PART FOUR: LEADERSHIP & CHARACTER

Please attach on a separate sheet your response to the following: Describe your five most recent significant activities (academic, athletic, cultural, community-related, occupational, etc.) in which you have been involved that allowed you to develop your Leadership skills while building character. Be sure you describe your role in each of these activities, the leadership skills acquired and the impact on you as an individual.

PART FIVE: ESSAY REQUIREMENT

Please attach a 500 word essay on the following topic: “The pandemic impacted all our daily lives.” As a student, how did it affect you? Consider its impact on: your daily life; your family; your educational goals; your relationships with peers, teachers, mentors & coaches and your extracurricular activities.

PART SIX: FINANCIAL NEED

Please complete this section accurately and completely! Failure to do so may result in disqualification.

Indicate the full cost of attending the indicated institution for the full academic year	Cost Category	Full Year Cost
	Tuition	\$
	Room and Board	\$
	Books	\$
	A. Total	\$

Please list by name and type the total financial aid from other scholarships and /or grants. Be specific. Do Not include loans:	Name & Type	Full Year Cost
		\$
		\$
		\$
		\$
	B. Total	\$

Subtract the Total from B from the Total in A for the overall financial need.	\$
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Please attach on a separate sheet your response to the following question: From a financial standpoint, what impact would this scholarship have on your education? State any special personal or family circumstances affecting your need for financial aid.

Signature: _____ Date: _____

(Application must be signed and dated to be considered complete)

Application Check List to be used.

- Signed by Applicant Signed by Sponsor Official Transcript Enclosed /Requested Parts 4, 5 & 6 Attached