



engage
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NALS of Michigan Scholarship Fund 2019-2020 Application Form

NAME:		TELEPHONE:	
ADDRESS: Street			
City	State	Zip	
NAME OF SCHOOL:		EXPECTED DATE OF GRADUATION:	
SCHOOL ADDRESS: Street			
City	State	Zip	
PRINCIPAL'S/DEAN'S NAME:			
GRADE POINT AVERAGE:		RANK OF APPLICANT IN CLASS:	
PARENT/SPOUSE OCCUPATION:			
NUMBER OF CHILDREN IN FAMILY:			
COLLEGE OR UNIVERSITY STUDENT PLANS TO ATTEND & MAJOR:			

Return this application with all required attachments to:

Jennifer M. Fauble
 NALS of Michigan Scholarship Chair
 807 West Front Street, Suite A
 Traverse City, MI 49684
 Email: admin@rysssoandwingfield.com
 Phone: 231-933-5207

For Scholarship Committee Use Only:

Date Received:	Meets Qualifications: <input type="checkbox"/> Yes <input type="checkbox"/> No Notification of eligibility sent on:	Selected as Finalist <input type="checkbox"/> Yes <input type="checkbox"/> No Notification of status sent on:	Applicant Number:
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