

**Julia D. Alexander Memorial Scholarship Fund
NCAEOP Scholarship Application**

Mr. _____
Mrs. _____
Miss _____ (Last) _____ (First) _____ (Middle)

Address _____

Birthday ____ / ____ / ____ Social Security # _____

Phone Number (____) _____ Student ID# _____

Employer _____

Name of Program _____

Beginning Program Date ____ / ____ / ____

Anticipated Graduation Date ____ / ____ / ____

Gross Annual Income \$ _____

Number of Dependents _____

What activities in school, community or church have been meaningful to you?

What honors, achievements or recognitions have you received? _____

Name hobbies or special interests you have. _____

What are your career objectives? _____

I certify the above information to be true and correct.

Signature of Applicant

(TAA & WIA recipients are not eligible)

**(Must maintain full-time enrollment status for the disbursement period.
Award will be released to the recipient after last day students can withdraw)**