Application Instructions

Please complete the attached application form to apply for the James R. Duncan Memorial Scholarship and submit it no later than **July 31 annually**. Late applications will not be considered or accepted. Incomplete applications will not be considered. Please mail completed applications to:

NAMFS Foundation Inc.
PO Box 1594
Stow, Ohio 44224

Requirements

- □ Students that are family members of NAMFS members or sub-contractors working for NAMFS member organizations
- □ Students must demonstrate a need for financial assistance
- □ Students must be a US citizen, US national, or US permanent resident
- □ Students with an average GPA of 3.0 or better
- □ Students enrolled in secondary education, Certification or Apprenticeship Programs
- □ Nomination by NAMFS member with signature on Scholarship application
- □ Two (2) letters of reference
- □ Application and auto-biography verified by an authorized signature of school official (such as admissions officer, counselor, principal or vice principal)

Additional Scholarship Information

The James R. Duncan Memorial Scholarship is established through the NAMFS Charitable Foundation, a non-profit 501c(3) organized for the benefit of its members with donations qualified for tax deductions.

All NAMFS member organizations and individuals may donate additional funds to expand the impact or scope of the James R. Duncan Memorial Scholarship.

The James R. Duncan Memorial Scholarship may withhold or terminate a scholarship based on non-compliance with Scholarship Criteria and select an alternate recipient.

Applicant's Information

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Parents' Names: _____

Grade Point Average: _____

What school do you plan on attending and have you been accepted?

_____

Include an autobiography with this application, up to 1,000 words, and discuss the following in your autobiography.

a. Interests/hobbies
b. Educational goals and aspirations
c. Why you think you should be considered for this scholarship
d. Your passion for life
e. What impact would this scholarship have on your education

Relationship to NAMFS Member:

_____

_____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____

Note: This scholarship award may be subject to revocation if the recipient substantially alters his or her intent to enroll in an accredited institution. You are therefore asked to certify the following statement:

I certify that it is my intent to further my education. If I am awarded the James R. Duncan Memorial Scholarship and change my plans before enrolling in the institution of my choice, I will notify the committee and arrange for the return of any scholarship award funds remitted.

I certify that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature: _____ Date: _____/_____/_____