

SELECT ONE: NEW APPLICANT REPEAT APPLICANT

Name: _____ NBHS Grad Year: _____

Name at graduation if different: _____ Birth Date: _____ Age: _____

Permanent Address: _____ City/State/Zip: _____

Email _____ Phone: _____ Cell: _____

*(Keep us current! **If your email changes**, notify us at: nbcfsf.assist@gmail.com We notify past grad winners by email.)

WHAT WILL YOUR ACADEMIC STATUS BE IN 2024-2025: (check one)

- | | |
|--|--|
| <input type="radio"/> College/University Freshman | <input type="radio"/> Masters Program |
| <input type="radio"/> College/University Sophomore | <input type="radio"/> Doctoral Program |
| <input type="radio"/> College/University Junior | <input type="radio"/> Tech/Voc School |
| <input type="radio"/> College/University Senior | <input type="radio"/> Other _____ |

Name and address of college/university /tech/voc school you plan to attend: (2024-2025)

Note: The scholarship and/or amount you are awarded may be contingent on your attending the school listed. We retain the right to make certain adjustments in the fall of 2024 if you change schools.

College/school Major(s) or Occupational Goal(s): _____

Check terms you will attend in **2024-25**: fall term winter term spring term summer '25
OR 1st semester 2nd semester summer '25

On this application, you will fill out some questions related to the **2024-2025** FAFSA and SAR. **All applicants must file an official FAFSA with the U.S. Department of Education to be considered for NBCSF awards.** Indicate here when you submitted your completed FAFSA to the federal processing office.

Date mailed: _____ Filed online: _____

By my signature below, I certify that:

1. I have answered all questions on this form and attachments truthfully, and I understand that an incomplete application, misrepresentation or false information, and/or missing the deadline, is cause for disqualification.
2. I understand that I must enroll full-time at the school specified, within the time limit specified, and maintain a grade point average that allows normal progress toward program completion to receive the money awarded on a **term-by-term basis**.
3. I understand awards are made on a yearly basis. Should I wish to be considered for additional awards or for a renewable program, I must reapply on the appropriate form.

Applicant's **Signature**: _____ Date Submitted: _____

To complete the application, read and follow the instructions carefully. Submit all requested information. Incomplete applications will not be considered for awards. Submit two completed applications.