

NATIONAL CONFECTIONERY SALES ASSOCIATION SCHOLARSHIP APPLICATION

Sam Trezza Memorial Scholarship, Lester Ostrow Memorial Scholarship Roy Putze Scholarship, Ross Colletti Memorial Scholarship and Candy Hall of Fame Founders Scholarship

Please complete all sections of this application and attach required supporting information. The application is designed to present an overall picture of you, the candidate. No one element is more or less important than another. It is the NCSA's objective to recognize candidates who are well-rounded and determined to succeed in their chosen career. Good luck! (Please print or type information and use additional sheets if required)

DEADLINE IS APRIL 13, 2012

CANDIDATE NAME: _____

HOME (PERMANENT) ADDRESS: _____

CITY/STATE/ZIP: _____

HOME TELEPHONE: _____

AGE _____

SCHOOL NAME: _____

CAMPUS ADDRESS (IF APPLICABLE): _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

EMAIL: _____

1. If you are currently enrolled, what is your class standing? _____
2. What is the length of your course of study? _____
3. When will degree/certificate be obtained? _____
4. What is your course objective? _____
5. Are you a full- or part-time student? _____
6. What is your estimated yearly tuition? _____
7. Are you currently receiving any grant or scholarship awards? _____
If yes, please list source(s) _____
8. Please list any extra curricular activities.

OVER

9. Please list any community, religious or social groups in which you are involved.

10. Please list your hobbies and areas of interest.

11. What high school did you attend?_____

CITY/STATE/ZIP

Years attended?_____ Date graduated _____

12. List areas of interest/participation in high school (include scholastic, athletic, services).

NOTE: You may answer questions 13 and 14 in any format you wish, including additional information you feel is important on a separate page and attaching it to this application.

13. What are you most proud of accomplishing or overcoming?

14. What would you like the Scholarship Committee to know about you? (e.g. marital status, military service, anything not covered by previous questions)

STUDENT SIGNATURE:

DATE:

THIS SECTION MUST BE COMPLETED BY A NCSA MEMBER IN GOOD STANDING

MEMBER NAME:

COMPANY:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE:

RELATIONSHIP TO APPLICANT

MEMBER SIGNATURE:

DATE:

MAIL THIS APPLICATION WITH ATTACHMENTS TO THE EDUCATOR LISTED BELOW NO LATER THAN APRIL 13, 2012

MR. JOHN BALZ, PRINCIPAL, CARTERET SCHOOL, 266 FRANKLIN STREET, BLOOMFIELD, NEW JERSEY 07003, ATTN: NCSA SCHOLARSHIP REVIEW BOARD