

www.nelrodeducationfund.org

Congratulations! As a Nelrod Education Fund recipient in 2016, you are eligible to reapply for funding in 2017. To be eligible, you must be in good standing with your local housing authority AND be currently enrolled in an accredited college university or vocational program.

Contact Information

First Name	MI	Last Name
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Date of Birth (MM/DD/YYYY)	Email Address
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Daytime Phone Number (xxx) xxx-xxxx	Cell (xxx) xxx-xxxx
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Mailing Address	City, State	Zip
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Housing Authority Name	HA Phone Number (xxx) xxx-xxxx
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HA Address	City, State	Zip
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Alternate Contact

First Name	MI	Last Name
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Relationship to Awardee

Mailing Address	City, State	Zip
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Contact Phone Number (xxx) xxx-xxxx	Email Address
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The Nelrod Education Fund organization reserves the right to make final selection of scholarship recipients based upon, but not limited to, the criteria contained in the application guidelines and the requirements described in the original scholarship application.

Education Information

Current University/College/Institution

Current Major/Program

City, State

Zip

Phone Number (xxx) xxx-xxxx

Enrollment Status/Classification

___ Full-Time

___ Part-Time

The Year in Review – Tell Us About It!

Please share a little about your first year – the struggles and the victories, small or large, as well as any groups, clubs/organizations, and/or extra-curricular activities that have impacted your development in the last year.

I certify that the above stated information is true and correct to the best of my knowledge. I understand that any change in residency, school or enrollment status not consistent with the guidelines of The Nelrod Education Fund may disqualify my scholarship award. I authorize my application materials and information to be used in whatever manner is deemed necessary by The Nelrod Education Fund organization. If further consent that my picture and responses may be taken and used for any purpose deemed necessary to promote the Nelrod Education Fund and its scholarship program(s). My signature below verifies I have read and accept these conditions.

Signature of Scholarship Applicant

Date

FOR OFFICIAL NEF USE ONLY:

Date Received: _____

Meets Eligibility: Yes No

Application Reviewed by: _____

Date Evaluated: _____

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