

NAF Scholarship Assistance Program

PURPOSE

The purpose of the NAF Scholarship Assistant Program is to encourage and support talented students in need. We accomplish this through scholarships awarded to qualified students who would otherwise not be able to pay for all or part of their educational expenses. Our scholarship recipients are selected on both financial need and a merit-based approach. Candidates must be committed to the values and legacy of NAF (charitable works and community service).

SCHOLARSHIP AWARD

Applicants should submit one (1) application and indicate on their application which category they wish to be considered for. General requirements for NAF scholarships are specified under "Selection Criteria". Scholarships are awarded to students progressing towards a degree or certification and applicants must meet requirements to be considered for scholarship renewal after the first year award.

SCHOLARSHIP APPLICATION PROCESS

Applications MUST be received at least eight (8) months before the start of the intended academic year. NAF is not responsible for missing applications. Applicants must submit applications to NAF by postal or email. Decisions by NAF are final, except where more compelling documentation is provided.

Email Address:

nafincorporated@gmail.com

Mailing Address:

Nkemnji Achenjang Foundation (NAF)
1102 Frisch Rd.
Madison, WI 53711-3120
USA.

Selection Criteria

1. Applicants must be admitted or enrolled as a student in an academic institution.
2. Applicants must have a grade point average of at least a 3.0 on a 4.0 scale.
3. Applicants must submit an official transcript.
4. On a separate sheet of paper the applicant must complete a typed, double-spaced essay,

not to exceed 700 words, addressing the following:

- a. Why you are pursuing a career in the chosen field?
 - b. Your understanding of NAF and how involvement with NAF will help you to achieve your academic/professional aspirations and objectives.
 - c. What distinguishes you from other candidates?
5. Applicants must show proof of need and demonstrate academic potential.
 6. Applicants must submit a formal application for consideration.
 7. Please fill out all applicable fields to complete the application.
 8. NAF must receive at least two (2) letters of recommendation from a school teacher, faculty member, supervisor, members of the clergy, or employer.
 9. The application and all supporting materials MUST be received at least eight (8) months before the start of the intended academic year.

Scholarship Application TYPE

- Academic Scholarship Financial Award Financial Loan

Applicant Information

Last Name: _____ First Name: _____ Middle _____

Gender Female Male Date of Birth _____/_____/_____

Applicant Email Address _____

Applicant Telephone Number _____

Parent/Guardian Name _____

Parent/Guardian

Address _____

Applicant Permanent/Home Address

Street _____

City _____

State _____ Zip _____

Country _____

Temporary/School Address (if different)

Street _____

City _____

State _____ Zip _____

Country _____

Academic Information

Academic Level High School College Graduate-level

Name of School _____ Date Enrolled _____

Program of Study or Major _____

Current GPA _____ Expected Graduation Date _____ / _____ / _____

Please attach an official transcript to this application.

Student Organizations

(Include dates of service, etc.)

Community Activities

Other

List all high schools, colleges and universities previously attended:

Name of School	Location	Dates Attended	Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Resources Available to Applicant

Are you receiving other financial aid or support for the upcoming academic year? Yes No (If yes, please list all on next page under "scholarships, loans, and financial aid".

Have you applied for a NAF Scholarship in previous years? Yes No

Have you applied for other Scholarships? Yes No

Have you applied for Financial Aid? Yes No

If no, why not? _____

Do you have any dependents? Yes No

If yes, how many dependents? _____ Age(s) of dependents _____

Will you own or operate a car during the academic year?

Yes No Uncertain

If yes, indicate: Make _____ Model _____ Year _____

How did you hear about the NAF Scholarship Assistance Program?

Friend NAF Representative

Faculty Online

Parent Other: please specify _____

List all scholarships, loans, and financial aid available to you:

Name	Year	Amount

Applicant Employment & Work Experience

Are you currently employed or do you expect to start employment either full or part-time during the study period either for pay or in return for living expenses?

Yes No

Name of Current Employer _____

Address _____ Phone _____

Applicant Position _____ Hours Per Week _____

Supervisor Name _____ Supervisor Email _____

Support/Recommendation Letters

Recommenders should email support/recommendation letters directly to NAF at:

Email:

nafincorporated@gmail.com

Do NOT attach recommendations to this application. Recommendations should NOT be sent by or submitted through the applicant.

NAF must receive at least two (2) letters of recommendation from a school teacher, faculty member, supervisor, members of the clergy, or employer.

Certification & Permission to Release Information

I have read and I understand the provisions of the NAF Scholarship Assistance Program, and I certify that all the information herein and in my supporting documents is complete and accurate. I understand that any false or misleading statement, or inaccurate or incomplete information, is basis for denial of an award. If I receive an award in reliance on such statement or information, I understand that the award may be revoked. I understand that NAF may request additional information, including a personal interview, to make a decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award. I further understand that the obligation to provide truthful, accurate, and complete information is a continuing one that requires me to notify NAF in writing of any changes in my answers to any part of the application which occurs after the date of signature on this application. By signing this application, I authorize NAF to confirm, release, and/or use any information included in this application and my supporting materials.

Signature of Applicant _____ Date _____

Mail and/or email your completed application and supporting materials to:

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Madison, WI 53711-3120

USA.

Email: nafincorporated@gmail.com