

NAPS NATIONAL AUXILIARY

Hazel Cochran Scholarship

APPLICATION



Email applications to Laurie.butts5615@gmail.com

For high school applicants, please attach a copy of your collegiate acceptance letter, current GPA, and attach a detailed list of community service achievements. For current college students, please provide proof of enrollment such as current schedule or transcript, current GPA, and attach detailed list of community service achievements. Does not have to be a copy of your official transcript.

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CURRENT GPA: _____ NAME OF NAPS AUXILIARY MEMBER: _____

RELATION: _____

HIGH SCHOOL SENIORS

NAME OF SCHOOL: _____ CITY/STATE: _____

GRADUATION YEAR: _____ GPA: _____

2-YEAR COLLEGE STUDENT

NAME OF SCHOOL: _____ CITY/STATE: _____

MAJOR/PROGRAM: _____ GRADUATION YEAR: _____ GPA: _____

UNIVERSITY STUDENT

NAME OF SCHOOL: _____ CITY/STATE: _____

MAJOR/PROGRAM: _____ GRADUATION YEAR: _____

DEGREE: _____ GPA: _____