

2017 APPLICATION FOR SCHOLARSHIP
NAVY EXCHANGE RETIRED EMPLOYEES ASSOCIATION
NEREA SCHOLARSHIP FUND

(PRINT OR TYPE)

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone No: () _____ U.S. Citizen: Y N Graduation Date: _____ GPA: _____

E-mail: _____ Scores: SAT: _____ ACT: _____

Name & Address of High School: _____ Planned Major: _____

Sponsor:(circle one) Grandmother Grandfather Mother Father Legal Guardian: _____ Sponsors Name: _____

Sponsor: Retired Active If retired, National Dues paying member of NEREA? Y N

Date of Retirement: _____

If Active Associate, number of years of Navy Exchange Employment: _____ Date Employed: _____

Address of Navy Exchange where currently employed: _____

Sponsor Address: _____

I HAVE BEEN ACCEPTED AND PLAN TO ATTEND THE FOLLOWING COMMUNITY COLLEGE/COLLEGE OR

UNIVERSITY: _____

I HAVE NOT BEEN ACCEPTED TO A COLLEGE/ UNIVERSITY AS OF THIS DATE. I HAVE APPLIED TO: _____

I HAVE ENCLOSED A COPY OF MY ACCEPTANCE LETTER: Y N

Applicant's Signature: _____ SSN: _____ DATE: _____

Scholastic Honors: (Describe) _____ Where? _____ When? _____

School Activity Participation: (Describe) _____ Where? _____ When? _____