

# National Tribal Child Support Association Scholarship Application



## I. Applicant Information

Name:

\_\_\_\_\_  
First Middle Last Suffix  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth E-mail Address Phone Number

Address:

\_\_\_\_\_  
Street, Route, or PO Box City State Zip Code

## II. Education

\_\_\_\_\_  
High School City State Zip Code  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Graduation Diploma \_\_\_\_\_ GED \_\_\_\_\_  
Check One

College or Vocational Training Institution: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Starting Date Estimated Date of Graduation Degree/Certificate Program

## III. Tribal Child Support Agency

\_\_\_\_\_  
Name of Tribal IV-D Agency State

\_\_\_\_\_  
Name of Custodial Parent (Please include former name if appropriate)

## IV. Documents Attached

Transcript: \_\_\_\_\_ Acceptance Letter: \_\_\_\_\_ Essay: \_\_\_\_\_

**2021 NTCSA Scholarship Deadline: September 20, 2021**

## APPLICANT ACKNOWLEDGMENT

I understand the National Tribal Child Support Association is a non-profit organization and awards for this scholarship are based upon available funds. I further understand the selection of scholarship awards shall be based upon the following criteria:

1. Applicants shall be eligible for a NTCSA Scholarship for use during their first year of higher education or vocational training upon completion and timely submission of the following -
  - a. Completed Application;
  - b. Essay consisting of a minimum of 500 words and a maximum of 800 words on a subject determined by the NTCSA Scholarship Committee;
  - c. Certified copy of high school transcript;
  - d. Letter from the Tribal Child Support Agency which attests that the agency provided services for the benefit of the applicant; and
  - e. Copy of Letter of Acceptance from an accredited college or university or a vocational education and training school.

2. A completed application and all requested supporting documents must be **POSTMARKED** September 20,2021 or before; any applications postmarked later than the stated deadline will not be considered.

**By signing my name hereon, I affirm all information submitted on this application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature of Applicant**

**By signing my name hereon, I specifically waive any and all requirements of confidentiality with regard to the release of my name and verification of my status as a recipient of child support services.**

\_\_\_\_\_  
**Signature of Applicant**

Return this completed application and all attachments to:

**National Tribal Child Support Association**  
**PO Box 12765**  
**Green Bay, WI 54307**

---

### NTCSA USE ONLY

Date Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Assigned for Review \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Score:</b>	Completed Application:	_____	of 30 points
	Essay:	_____	of 40 points
	Provision of Documents:	_____	of 20 points
	Personal Impression:	_____	of 10 points