

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: _____

2019 NTCSA Scholarship Deadline: May 24, 2019

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** May 24, 2019 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 12556
Green Bay, WI 54307

NTCSA USE ONLY

Date Rec'd ____/____/____

Date Assigned for Review ____/____/____

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