



APPLICATION FOR NCGA EDUCATIONAL FOUNDATION SCHOLARSHIP

Dear Applicant,

As you are aware, the National Church Goods Association's Educational Foundation has established a scholarship program consisting of scholarship(s) to assist deserving students finance their education.

In order to be eligible to receive a scholarship, you must submit a completed application (attached). The program is NOT limited to NCGA members.

You should note the following:

- Please read over the application and complete all sections. Incomplete applications shall not be considered by the Scholarship Selection Committee.
- Be certain to give as much information as possible to aid the committee in its selection.
- WE MUST RECEIVE YOUR COMPLETED APPLICATION IN OUR OFFICE NO LATER THAN **December 31st**.
- The Scholarship Selection Committee will review all applications and award the scholarships. All applicants will be notified of the results no later than June 1st.

On behalf of the National Church Goods Association Educational Foundation I want to personally thank you for this commitment to the betterment of yourself and our industry shown by requesting this application.

Good Luck and best wishes,

Jeff Church
Executive Director

National Church Goods Association Education Foundation
• 800 Roosevelt Road, Building C-312 • Glen Ellyn, IL 60137
• (630) 942-6599 • Fax: (630) 790-3095

NCGAEF SCHOLARSHIP PROGRAM

PART I. TYPES OF SCHOLARSHIP:

Scholarships may be used only for four year colleges and universities, recognized two year “junior” or “community” colleges, and church goods industry-related vocational training schools. They will be awarded for one year at a time. Scholarships will be gifts and will be awarded in a minimum of at least \$500.

PART II. CRITERIA AND CONDITIONS:

NCGA Education Foundation scholarship recipients must:

- 1) Have achieved a “B” level or 3.0 out of 4.0 grade point average or better in the previous three years of schooling; whether at the secondary or college levels;
- 2) Have been employed prior to attending school in the church goods industry, or be currently employed in the church goods industry, or be a family member of a current employee or family member of a former employee that is deceased or has been laid off within the last year in the church goods industry;
- 3) Have performed a minimum of 20 documented hours of church or community service over the previous four years;
- 4) File a properly completed application by the annual due date;
- 5) Provide an essay and three letters of recommendation from people other than a member of the NCGA or NCGA EF Board of Directors;
- 6) Complete in full the application form provided by the NCGA EF;

An applicant cannot be a member of the Board of Directors of either the NCGA Education Foundation or of NCGA, the child or other relative of such member, or the employee or agent of such member;

Scholarship recipients will be determined according to the following procedures:

- Applications for scholarships must be submitted by December 31 of the year prior to the award.
- Applicants’ names will be kept anonymous from the Scholarship Selection Committee which will be given “blind” application sets;
- The Scholarship Selection Committee will be comprised of: two representatives from the NCGAEF Board of Directors (as designated by the NCGAEF Board of Directors), and two regular members of the National Church Goods Association (as designated by the NCGA Board of Directors).
- The Scholarship Selection Committee’s recommendations to the NCGAEF Board of Directors will be consulted by the Board in making scholarship awards;
- Scholarships will be awarded at the Catalog Publisher’s Meeting when possible but no later than June 1st;
- The NCGAEF Board of Directors will, prior to January 1, annually determine the number and amount of scholarship to award.

By signing below, I acknowledge that I have read the criteria and conditions and understand them.

APPLICANT’S SIGNATURE

DATE

NCGAEF SCHOLARSHIP APPLICATION

PART III. SCHOLARSHIP APPLICATION

(Please type or print clearly-provide additional pages if required)

Name: _____ Date: _____

Home address _____

Phone: _____ Fax: _____ Email: _____

If applying as a current employee of a company in the church goods and religious articles industry:

Position in Company: _____ Years in the industry: _____

Employer: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

If applying as a family member of a current employee of a company in the church goods and religious articles industry:

Name of family member who is employed in church goods and religious articles industry:

Position in Company: _____ Years in the industry: _____

Employer: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Highest level of Education Achieved: _____

Grade point achieved in previous three years of schooling: _____

Institution for which scholarship will be applied (final institution will be confirmed prior to award):

Name: _____

Type (four year college or university, recognized two year "junior" or "community" college, or church goods industry-related vocational training school:

Nature of degree or certification being pursued at institution:

Address _____

Phone: _____

Please describe what you have done to provide 20 or more hours of community service over the previous four years (document organizations served, dates of service and number of hours of service given). It is recommended the applicant submit all four years of community service.

Organization 1: _____ Dates of Service: _____ Hours of Service: _____
Organization 2: _____ Dates of Service: _____ Hours of Service: _____
Organization 3: _____ Dates of Service: _____ Hours of Service: _____
Organization 4: _____ Dates of Service: _____ Hours of Service: _____

- **Please attach transcripts or other proof of grade point average.**
- **Please be sure to attach an essay on why you should be awarded a scholarship (maximum 1,000 words).**
- **Please attach three letters of recommendation from individuals who know you well (not members of your immediate family).**

Certification: I certify that the information provided is correct to the best of my knowledge.

APPLICANT NAME	SIGNATURE	DATE
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I understand that by authorizing/providing the fax number(s) listed above, I consent to its receipt of communications sent by or on behalf of the National Church Goods Association, NCGA Education Foundation, and CM Services, Inc. (and their subsidiaries and affiliates). I understand that NCGA and CM Services, Inc. will not share my fax with other organizations. This consent is intended to fully comply with certain amendments to the Telephone Consumer Protection Act of 1990. This consent remains in effect until specifically terminated in writing by an authorized person.

Name: (print clearly) _____

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:

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