

# NCATO

## NORTHAMPTON COUNTY ASSOCIATION OF TOWNSHIP OFFICIALS

c/o Williams Township  
655 Cider Press Road  
Easton, PA 18042

Phone 610-258-8587

Fax 610-258-6080

### APPLICATION FOR SCHOLARSHIP

#### GENERAL INFORMATION:

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Number and Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Township \_\_\_\_\_

Area Code/Telephone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_

#### Township You Reside In: (Qualification Requirement)

- |                                     |   |                                       |   |
|-------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Allen      | <input type="checkbox"/> Hanover          | <input type="checkbox"/> Lower Saucon | <input type="checkbox"/> Upper Mt. Bethel |
| <input type="checkbox"/> Bushkill   | <input type="checkbox"/> Lehigh           | <input type="checkbox"/> Moore        | <input type="checkbox"/> Upper Nazareth   |
| <input type="checkbox"/> East Allen | <input type="checkbox"/> Lower Mt. Bethel | <input type="checkbox"/> Palmer       | <input type="checkbox"/> Washington       |
| <input type="checkbox"/> Forks      | <input type="checkbox"/> Lower Nazareth   | <input type="checkbox"/> Plainfield   | <input type="checkbox"/> Williams         |

#### EDUCATION INFORMATION:

College or university in which you plan to be enrolled:

School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Area Code/Phone (\_\_\_\_\_) \_\_\_\_\_

Major \_\_\_\_\_

Type of degree program:  Associates Degree  
(Check One)  Bachelor Degree  
 Other \_\_\_\_\_

#### OTHER REQUIRED INFORMATION:

1. Academic transcript from the school most recently attended.
2. Letter of reference from guidance counselor or academic advisor.
3. Personal Statement

**PLEASE NOTE THIS SCHOLARSHIP IS ONLY AVAILABLE TO GRADUATING HIGH SCHOOL SENIORS**

**Please submit your completed application and required materials no later than  
August 3, 2020.**

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### EDUCATIONAL INSTITUTION RELEASE FORM

#### **STUDENT SECTION:**

FROM \_\_\_\_\_  
Name of Scholarship Applicant

\_\_\_\_\_  
Number and Street Address

\_\_\_\_\_  
City/State/Zip Code

#### **RELEASE TO THE INSTITUTION:**

By this letter, I hereby authorize you, the Financial Aid Office of \_\_\_\_\_  
*(Name of Institution)*

to release my personal financial analysis information from the Federal Methodology (FM) record or a similar report, to the Northampton County Association of Township Officials for considering my eligibility for a scholarship.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Signature of Parent (or Spouse, if married)

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#### **COLLEGE SECTION:**

1) Cost of tuition, room and board\* \$ \_\_\_\_\_

*\*(If the student lives off-campus, please include in this figure the cost as if the student resided in campus housing for the year.)*

2) Parent Adjusted Gross Income \$ \_\_\_\_\_

3) Student Adjusted Gross Income \$ \_\_\_\_\_

4) Calculated Family Contribution \$ \_\_\_\_\_

5) Other available sources of financial aid:

Total Grants \$ \_\_\_\_\_

Total Loans \$ \_\_\_\_\_

\_\_\_\_\_  
Signature/Title of College Official

\_\_\_\_\_  
Date

**All completed applications and required information must be postmarked no later than August 3, 2020.**

**Submit all required information to the address below:**

Northampton County Association of Township Officials  
**Attn: 2020 Scholarship Committee**  
c/o Melody Ernst @ Williams Township  
655 Cider Press Road, Easton, PA 18042