



The James & Theresa Nolan Family Foundation Scholarship 2012 Application

Complete all items accurately and clearly; missing or incorrect items will delay processing of the application. Print in ink or type.

Return all forms to: NEPC Office
7 Gloria Circle
Burlington, MA 01803

(Postmarked No Later than July 1, 2012)

Legal Name

Last

First

Middle

Social Security

_____ - _____ - _____

Sex

Female

Male

Date of Birth

Home Address

Number and Street

Residence

Country of Citizenship

Permanent resident alien number (if not a U.S. Citizen)

State in which you claim residence

Country

Address at which you have resided for past 12 months



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SPECIAL NOTE FOR CURRENTLY ENROLLED COLLEGE STUDENTS

*If you are a sophomore, junior, senior or working on your masters or doctorate
it is not necessary to complete the information in the area relating
to the high school you attended.*

We will need your college transcripts from the last quarter or semester
and proof of enrollment for the upcoming quarter or semester.

Please complete the following information:

College or University Name: _____

Address: _____

Please tell us what year of study you are entering: _____

What is your major: _____

Scholarship payments will be paid directly to the college or university of enrollment.

How the check should be written: (for example) Office of the Bursar, etc.
(please include address.)

If employed please list your employer, employers address and the average number of
hours worked for the past six months.

2012 Scholarship Recipient will be announced by August 15, 2012



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Test Scores

SAT: Date _____ V _____ M _____ **ACH:** Subject _____ Score _____
Date _____ V _____ M _____ Subject _____ Score _____

PSAT: Date _____ V _____ M _____ Subject _____ Score _____

ACT: Date _____ E _____ M _____ R _____ SR _____ C _____
Date _____ E _____ M _____ R _____ SR _____ C _____

P-ACT: Date _____ E _____ M _____ R _____ SR _____ C _____

Comments

Information relevant to an admissions decision is requested.

Signature

Signature of counselor Printed name Date

(_____) _____ - _____
High School telephone

IMPORTANT: Include an official transcript of high school work through at least the junior year.

Narrative Evaluation: We appreciate the difficulty of evaluating a student only on the basis of ranking on a grid. Please use this space for narrative evaluation. We are especially interested in information which will help us to understand those intangible qualities which so often contribute to academic and professional excellence. If you prefer, feel free to attach a letter to this form.



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High School

Indicate High School graduation date.

Month

Year

Indicate High School from which you did or will graduate.

Name

Number and Street

SAT/ACT

Indicate high school from which you did or will graduate?

SAT date(s)

ACT date(s)

List of High School Extra Curricular Activities

Higher Education

List all colleges, universities, or technical schools attended or currently attending.

INSTITUTION	CITY & STATE	DATES OF ATTENDANCE	CURRENTLY ATTENDING
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____

Institution which accepted _____ Attach letter of acceptance.



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Please list two references (non family).

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____



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RECOMMENDATION FOR SCHOLARSHIP

TO THE APPLICANT: Please complete the top section of this form.

(Type or Print)

Full Legal Name _____
Last
First
Middle

Present Address _____
Number and Street
City
State
Zip Code
Country

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name.

I waive my right to review this recommendation. I do not waive my right to review this recommendation.

Applicant Signature _____ Date _____

This recommendation should be sent to:
 NEPC Office . 7 Gloria Circle . Burlington, MA 01803

POSTMARKED NO LATER THAN JULY 1, 2012

TO THE PERSON PROVIDING THE RECOMMENDATION:

Please complete this section and mail the form to the address shown above.

I have known the applicant for _____ years in my capacity as _____.

1. Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

	No Basis for Judgment	Weak		Below Average		Above Average		Exceptional			
A. Motivation	0	1	2	3	4	5	6	7	8	9	10
B. <i>Intellectual</i> Ability	0	1	2	3	4	5	6	7	8	9	10
C. Breadth of General Knowledge	0	1	2	3	4	5	6	7	8	9	10
D. Understanding of Major Field	0	1	2	3	4	5	6	7	8	9	10
E. Ability to Analyze Ideas	0	1	2	3	4	5	6	7	8	9	10
F. Ethical Standards and Integrity	0	1	2	3	4	5	6	7	8	9	10
G. Oral English Expression Skills	0	1	2	3	4	5	6	7	8	9	10
H. Written English Expression Skills	0	1	2	3	4	5	6	7	8	9	10
I. Potential Success	0	1	2	3	4	5	6	7	8	9	10
J. Promise in Scholarship/Creative Endeavor	0	1	2	3	4	5	6	7	8	9	10
K. Overall, I expect the applicant's work to be:	0	1	2	3	4	5	6	7	8	9	10

2. On a separate page that you attach to this form, please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success?

Respondent's Signature _____ Date _____ Telephone Number _____

Type or Print Name _____ Title or Position _____

Institution or Affiliation _____ Address _____