



The James & Theresa Nolan Family Foundation Scholarship Application

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

Return all forms to: NEPC Office
27 Richardson Street
Wakefield, MA 01880

Legal Name

Last First Middle

Social Security

□ □ □ - □ □ - □ □ □ □ □

Sex

Female Male

Date of Birth

□ □ - □ □ - □ □ □ □ □

Home Address

Number and Street () -
Home Phone

City State Zip

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.



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Parents or Guardians

Full Names

Number and Street Address

City State Zip

Signature

I certify that the information provided on this application is accurate and true.
I understand that falsified information may result in denial of Scholarship.

I waive my right
to review my high school
counselor's comments.

I do not waive my right
to review my high school
counselor's comments.

Applicant Signature Date

To Be Completed By High School Guidance Counselor

All applicants must have this section completed
by the High School guidance counselor.

High School CEEB Code

Rank in Class

_____ / _____ after

- Six semesters
- Seven semesters
- Eight semesters

School does not rank students.

Grade Point Average

_____ / _____

G.P.A. Scale

A 2.5 minimum G.P.A. is required to apply for
The James & Theresa Nolan Family Foundation Scholarship.



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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
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(_____) _____ - _____
 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.

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Month

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Year

Indicate High School from which you did or will graduate.

Name _____

Number and Street _____

City _____

State _____

Zip _____

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 that you have attended, or are 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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REFERENCES

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 (Please type or print).

Full Legal Name _____

Present Address _____

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 _____

TO THE PERSON PROVIDING THE RECOMMENDATION: Please complete this section and mail to the address shown below.

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.

Characteristics	No Basis for Judgment		Weak		Below Average		Average		Above Average		Exceptional	
A. Motivation	0	1	2	3	4	5	6	7	8	9	10	
B. Intellectual 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 _____

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