

TNNA Scholarship Application – Post-High School Applicant



This questionnaire is designed to collect information about your background, your interests and your graduate and career plans. Your answers to these questions are confidential. Selection will be based on academic performance, leadership and other qualities. Please type or print.

1 APPLICANT

Date of Application _____

Legal Name in Full _____
Last First Middle Initial

Permanent Home Address _____

City _____ State _____ ZIP+4 _____

Country _____

Phone () _____

Date of Birth _____ Age _____

Check One: (optional) Male Female

Social Security Number _____

2 INSTITUTION

Please list your first choice of institution to which you intend to apply.

Check One: Will you be a Resident Commuter

Institution _____

City _____ State _____ ZIP+4 _____

Expected Graduation Date: Month _____ Year _____

3 EDUCATION

Name of School	Dates of Attendance	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Secondary School _____

Post-secondary School _____

Graduate College _____

What is the highest academic degree you seek and your professional objective? _____

Proposed Field(s) of Study

If different from undergraduate major, please explain.

4 EMPLOYMENT HISTORY

List below in order, with the most recent one first, each of the jobs and activities you have had since the beginning of your college studies. Include part-time jobs, volunteer positions and military service. Please account for all.

Employer's Name	Location	Job Title or Nature of Duties	Dates of Employment
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5 FAMILY INFORMATION

Please enter complete information about your family below.

Father

Name _____

Occupation/Title _____

Company Name _____

Company Address _____

Mother

Name _____

Occupation/Title _____

Company Name _____

Company Address _____

Is your father employed retired unemployed deceased no contact

Is your mother employed retired unemployed deceased no contact

Enter the name of the parent or guardian supporting you (if applicable): _____

Enter the name of the parent or guardian you live with (if applicable): _____

If someone other than your father or mother supports you, give the following information for this person:

Name _____

Address _____

City _____ State _____ ZIP+4 _____

Relationship to You _____

Occupation/Title _____

Company Name _____

Company Address _____

Brother(s): Number _____ Age(s) _____

Sister(s): Number _____ Age(s) _____

6 ACTIVITIES

List below all significant college, community or professional activities in which you have participated.

Name of Activity	Dates of Your Participation	Position or Office Held	Were You Elected to this Position?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7 AWARDS AND HONORS

List below all awards, honors, scholarships and other recognition you have received.

8 READING

List several books or articles you have read in the last six months.

Which of these have you found most stimulating? Why?

-
1. Check the application to make sure you have answered all questions completely.
 2. Enclose the recommendations from two people who know your academic work.
 3. Have a full transcript of your past academic work mailed to us by the program deadline references in your cover letter.

Signature _____ Date _____

Please send this completed form and letters of recommendation to:

TNNA Headquarters

330 N. Wabash Ave., Suite 2000

Chicago, IL 60611

Phone: 312-321-6823

Fax: 312-673-6628

Website: www.tnna.org

Email: info@tnna.org

TNNA
THE NATIONAL NEEDLEARTS ASSOCIATION

TNNA Scholarship Application – Post-High School Applicant Candidate Evaluation Form



1 APPLICANT

Legal Name in Full _____
Last First Middle Initial

The student named above is an applicant for a sponsored scholarship. Selection of recipients will be based on academic performance, leadership and other outstanding qualities. In addition to the information requested from the applicant, we are asking for recommendations from an advisor, academic dean or faculty member. Your evaluation will become part of the applicant's confidential file.

2 EVALUATOR INFORMATION

Legal Name in Full _____
Last First Middle Initial

Title _____

Length of time you have known applicant _____

In what capacity? _____

3 EVALUATION

Please describe any academic and extracurricular distinctions which the applicant has achieved (e.g., Dean's List, Honors, Class or Organization Officer, Function Chairperson, Athletic Participation).

How would you describe the applicant's conduct, character and personal qualities?
