Navy Wives Clubs of America, Inc.
Mary Paolozzi
Member’s Scholarship
Application

PRIVACY ACT STATEMENT

The purpose of this information is to apply for education financial assistance through the Navy Wives Clubs of America, Inc. Information provided will be used to assess scholastic achievement and to evaluate the need for financial assistance. Completion of this form is mandatory. Failure to provide required information may result in a delay in processing the application, and/or disqualification from participation in the Navy Wives Clubs of America, Inc. Scholarship program.

Applicant’s Name:

(last) (first) (middle initial)

Completion and submission of application form:

1. The entries on this application form must be completed, accurate and legible. They should be typewritten or printed in black ink.

2. Application is contingent upon acceptance to a college no later than May 1st.

3. Pages 2-5 of this application are to be completed by the applicant. Ensure that all answers are complete and accurate.

4. Page 6 is to be completed by the School Officials of the school you are attending or by School Officials at your most recently attended school (High School or College).

5. Recheck the application for accuracy and be sure to sign the application form.

6. A copy of your previous year’s Federal Income Tax Return to your application. If you and your spouse filed separate Federal returns, a copy of your spouse's return must also be included.

Mail the Application to

Allison Barnes
National President
8885 Bass Road
Millington TN 38053

DEADLINE FOR RECEIPT OF COMPLETED APPLICATION AND TRANSCRIPTS IS MARCH 31ST

Once the Mary Paolozzi Member’s Scholarship has been awarded, all applications will be destroyed.

(Rev. 11/2022)
Navy Wives Clubs of America, Inc.
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SECTION I
PERSONAL INFORMATION

Applicant’s Name (last, first, middle initial)

Applicant’s Address, City, State, Zip

Applicant’s Age on March 31st

Applicant’s Phone Number

Applicant’s Email Address

Name of Spouse (last, first, middle initial)

NWCA Club Name and Number You Belong To

SECTION II
APPLICANT’S EDUCATION INFORMATION

Applicant’s Academic Level:  (check one)

_____ High School Graduate or currently a high school student expecting to attend college full-time next year.

_____ Currently enrolled in undergraduate college and expect to continue in full-time undergraduate program next year.

_____ College graduate or college senior expecting to be a full-time graduate student next year.

_____ High school graduate or GED Certificate expecting to attend vocational or business School next year.

(Rev. 11/2022)
**Navy Wives Clubs of America, Inc.**

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**SECTION III**  
**APPLICANT’S EDUCATION INFORMATION**

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<thead>
<tr>
<th>Name &amp; Location of High School/GED</th>
<th>Date of Attendance</th>
<th>Graduated</th>
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<th>Attending or Graduate of:</th>
<th>From (month/year)</th>
<th>To (month/year)</th>
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<tr>
<th>Name &amp; Address of College you are now attending or where accepted</th>
<th>Now Attend</th>
<th>Accepted for next semester</th>
<th>Annual Expenses: Tuition &amp; Fees</th>
<th>Other</th>
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Navy Wives Clubs of America, Inc.

Mary Paolozzi
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FINANCIAL INFORMATION

Amount available for applicant’s schooling:
Social Security Income (12 mos) $___________
Applicant’s Yearly Savings & Income $___________
Other $___________ Source___________

Educational Funds received/awarded for next year:
Veterans Benefits (12 mos) $___________ Source___________
Loans $___________
Grants $___________ Source___________
Scholarships $___________ Source___________
Other $___________ Source___________

Total FUNDS Available for Education $___________
Gross Income Last Year (all sources) $___________
Anticipated Gross Income this Year $___________

Monthly Expenses: (rent, car payments, credit cards, utilities)

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Write a brief summary as to why you feel you should be awarded this scholarship and any special circumstances financial or other which you desire to bring to the attention of the committee. (Use back of page or additional sheet if necessary.)

____________________________________________________________________________________________
________________________________________________________________________________________
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____________________________________________________
_________________________________________
Certification Statement: I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION IN THIS APPLICATION IS COMPLETE, TRUE AND ACCURATE. IF REQUESTED, I AGREE TO PROVIDE APPROPRIATE DOCUMENTARY EVIDENCE IN SUPPORT OF THIS STATEMENT.

Signature of Applicant ___________________________ Date ____________

(Rev. 11/2022)
HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST

PRIVACY ACT STATEMENT

The purpose of this request is to obtain information about the academic performance of the applicant, and it will be used by the scholarship sponsoring organization to evaluate applicant’s academic achievement. Applicant must authorize release of transcript data; failure to do so may result in delay, improper processing, or disqualification of the applicant from participation in the Navy Wives Clubs of America, Inc., Mary Paolozzi Member’s Scholarship program. The named high school/college on the following page has my permission to release my official transcript to the National Vice President of Navy Wives Clubs of America, Inc.

The named high school/college on the following page has my permission to release my official transcript to the National Vice President of Navy Wives Clubs of America, Inc.

_______________________________________  ___________________
Signature of Applicant      Date

High School or college officials are requested to complete the following form. Attach a copy of the student’s OFFICAL TRANSCRIPT including grades achieved and return to the address below no later than March 31st. Incomplete information on this form, or receipt after March 31st will result in the student's disqualification from scholarship consideration.

MAIL TO:  Allison Barnes
           National President
           8885 Bass Road
           Millington TN 38053
HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST CONTINUED

STUDENT'S NAME: ________________________________________________

NAME AND LOCATION OF HIGH SCHOOL OR COLLEGE: ________________________________________________

HIGH SCHOOL/COLLEGE ACCREDITED BY: ________________________________

STUDENT'S DATES OF ATTENDANCE: FROM_______________ TO_______________

CUMULATIVE GRADE POINT AVERAGE (based on a 4.0 scale): _______________________

COLLEGE ENTRANCE TEST SCORES (USE CEEB/SAT OR ACT SCORES ONLY)

CEEB/SAT VERBAL: ________ DEEB/SAT MATH: ________ DATE OF TEST: ________

CT COMPOSITE: ________ DATE: ________

*HIGH SCHOOL CLASS SIZE: ________ *HIGH SCHOOL CLASS RANK ________

*THESE MUST BE COMPLETED AND MAY BE BASED ON THE MOST RECENT AVAILABLE
INFORMATION, IF FINAL RESULTS ARE NOT COMPLETED. IF RANKS ARE NOT USED,
PERCENTAGES MUST BE ESTIMATED.

OFFICIAL COPY OF TRANSCRIPT MUST BE ATTACHED

STUDENT'S COLLEGE MAJOR: ________________________________________________

NAME OF SCHOOL: _________________________________________________________

TYPED NAME OF SCHOOL OFFICIAL AND TITLE: ______________________________

___________________________________________________________

__________________

Signature of School Official Date

6 (Rev. 11/2022)