



Northstar Chapter  
 American Payroll Association  
 P.O. Box 131412  
 St. Paul, MN 55113-0012

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## Scholarship Application

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APPLICANT DATA    NAME                      Last:\_\_\_\_\_                      First:\_\_\_\_\_                      M.I.\_\_\_\_\_

PERMANENT MAILING ADDRESS    Street\_\_\_\_\_                      Apt. #\_\_\_\_\_

City \_\_\_\_\_                      State \_\_\_\_\_                      Zip \_\_\_\_\_

DATE OF BIRTH                      Month \_\_\_\_\_                      Day \_\_\_\_\_                      Year \_\_\_\_\_

Phone ( ) \_\_\_\_\_                      SSN: \_\_\_\_\_

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APPLICANT PARENT OR GUARDIAN INFORMATION    NAME                      Last:\_\_\_\_\_                      First:\_\_\_\_\_                      M.I.\_\_\_\_\_

Job Title \_\_\_\_\_                      Department \_\_\_\_\_

Company Name \_\_\_\_\_

COMPANY MAILING ADDRESS    Street\_\_\_\_\_                      Suite #\_\_\_\_\_

City \_\_\_\_\_                      State \_\_\_\_\_                      Zip \_\_\_\_\_

Phone:Work \_\_\_\_\_                      Home \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Is the applicant a dependent of the above?                       Yes                       No

Is the above a member of the American Payroll Assn?                       Yes                       No

Is the above a member of the Northstar Chapter?                       Yes                       No

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HIGH SCHOOL DATA                      SCHOOL NAME \_\_\_\_\_                      Graduation Date: Month\_\_\_\_\_ Year\_\_\_\_\_

PRINCIPAL \_\_\_\_\_                      Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_                      State \_\_\_\_\_                      Zip \_\_\_\_\_

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POST  
SECONDARY  
SCHOOL  
DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference, the schools to which applications for admission have been sent.)

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

- 4 yr. College or University
- 2 yr. Community or Junior College
- Vocational-Technical School

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APPLICANT  
CHECKLIST

- Current transcript
- Written essay about oneself
- Letter of recommendation from school counselor or teacher

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CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge.

Falsification of information may result in termination of any scholarship granted.

This application becomes the property of the Northstar Chapter of the American Payroll Association.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or  
Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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MAIL TO

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