

NCATO

NORTHAMPTON COUNTY ASSOCIATION OF TOWNSHIP OFFICIALS

c/o Williams Township
655 Cider Press Road
Easton, PA 18042

Phone 610-258-8587

Fax 610-258-6080

APPLICATION FOR SCHOLARSHIP

GENERAL INFORMATION:

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Number and Street)

City _____ State _____ Zip Code _____ Township _____

Area Code/Telephone (_____) _____ Social Security No. _____

Date of Birth _____ Email: _____

Township You Reside In: (Qualification Requirement)

- | | | | |
|-------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Allen | <input type="checkbox"/> Hanover | <input type="checkbox"/> Lower Saucon | <input type="checkbox"/> Upper Mt. Bethel |
| <input type="checkbox"/> Bushkill | <input type="checkbox"/> Lehigh | <input type="checkbox"/> Moore | <input type="checkbox"/> Upper Nazareth |
| <input type="checkbox"/> East Allen | <input type="checkbox"/> Lower Mt. Bethel | <input type="checkbox"/> Palmer | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Forks | <input type="checkbox"/> Lower Nazareth | <input type="checkbox"/> Plainfield | <input type="checkbox"/> Williams |

EDUCATION INFORMATION:

College or university in which you plan to be enrolled:

School _____

Address _____

Area Code/Phone (_____) _____

Major _____

Type of degree program: Associates Degree
(Check One) Bachelor Degree
 Other _____

OTHER REQUIRED INFORMATION:

1. Academic transcript from the school most recently attended.
2. Letter of reference from guidance counselor or academic advisor.

PLEASE NOTE THIS SCHOLARSHIP IS ONLY AVAILABLE TO GRADUATING HIGH SCHOOL SENIORS

Please submit your application and required materials no later than August 2, 2019.

