



Alice Ragona Memorial Youth Scholarship APPLICATION

Name: _____

Address: _____

City, State/Province, Zip Code: _____

Country: _____ Preferred telephone: _____

Date of Birth: _____ Email: _____

Date of NAP Membership: _____

Select one of the following:

____ Payment of NAP and Association Dues; OR

____ Reimbursement of Fee for NAP Membership Exam (Complete following if you checked this option: Date Completed NAP Membership Exam: (attach proof of completion) _____)

Name of Association and Unit or Member-at-Large: _____

Provide a reference from an NAP member.

NAP Member Name and contact information: _____

Complete the following items on a separate sheet of paper and submit your answers with the pages one and two of the application.

1. List leadership involvement and/or awards:

2. List parliamentary involvement and/or awards.

With my signature below, I certify that I am at the age of 23 years or less and the information provided, to the best of my knowledge, is accurate and complete.

An expectation of receiving a NAPEF scholarship is that the work of the Foundation will be promoted. By your submission of this application, you agree to supply the Foundation with pictures and text, if requested. You also grant permission to NAPEF for these pictures/texts to be used by the Foundation on its website and social media platforms without compensation and for your picture, name, and information to be published in the *National Parliamentarian* and in other NAPEF promotional material.

_____Applicant Signature

_____Date

Submit the application by email or US Mail, postmarked by November 1 of each year to:

NAPEF Scholarship Committee

Linda Lawson, Chairman
525 Terrace Pl.
Norman, OK 73069-5034

Email: linda_lawson@cox.net
And: jlawson11@cox.net

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