

**Application for Scholarship Funding**  
**from**  
**The Nathan L. Anderson Memorial Scholarship Foundation, Inc.**



**APPLICANT INFORMATION**

**YOUR BIOGRAPHICAL INFORMATION:**

Name (first, middle, last): \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_ Apt./Suite \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_ Email \_\_\_\_\_

Are you a U.S. Citizen or permanent resident? (Proof of status will be required, if selected.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Please tell us about yourself, your goals, your ambitions, and how these are compatible with the Foundation's Focus and Purpose, as well as your understanding of the individual for whom this Foundation is named. (1,200-word limit; use additional pages, to complete this section):

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**YOUR ACADEMIC BACKGROUND/INFORMATION:**

**Name and Location of schools you attended:**

Primary/Elementary School(s): \_\_\_\_\_  
\_\_\_\_\_

Secondary/High School(s): \_\_\_\_\_  
\_\_\_\_\_

College(s)/University(ies): \_\_\_\_\_  
\_\_\_\_\_

Academic Year for which you are applying? \_\_\_\_\_ Which Semester? \_\_\_\_\_

Your college academic status at the beginning of the term of this scholarship award:

Freshman\_\_\_\_ Sophomore\_\_\_\_ Junior\_\_\_\_ Senior\_\_\_\_

Most recent Grade Point Average (GPA): \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Hours completed: \_\_\_\_\_

Hours needed to complete degree: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Bachelor Degree being pursued:

Computer Science: \_\_\_\_\_ Aviation: \_\_\_\_\_ Music: \_\_\_\_\_ Nursing: \_\_\_\_\_

**Name/Address of College/University you attend/plan to attend:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

- (1) Attach two (2) Letters of Recommendation from educators who are your current or prior instructors.**
- (2) This application should be completed and mailed to: Nathan L. Anderson Memorial Scholarship Foundation, Inc., 4403 Knott Street. Beltsville, MD 20705. Attention: Application Review Committee**
- (3) Application should only be submitted between June 15th and July 30th of the calendar year. All application material (including Letters of Recommendation) must be received by July 30th.**

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**APPLICANT CERTIFICATION**

I certify that the above information is true, complete and accurate to the best of my knowledge and does not omit any material fact would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that if I am chosen as a recipient of the award, I will be required to abide by the terms and conditions of the scholarship. I also agree to immediately inform the Scholarship Foundation if I change my declared major course of study.

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SIGNATURE OF APPLICANT

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DATE