

NCNW Metropolitan Sun AZ
4240 S Arizona Avenue
#1093
Chandler, AZ 85248
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ncnwmetrosun.org



2025 Scholarship Application Metropolitan Sun AZ

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Grade: _____ Birthdate: _____ Grade Point Average: _____

Highschool Name & Graduation Date: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work/study in the U.S.? YES ☐ NO ☐

Have you been accepted into a college, university or technical program? YES ☐ NO ☐ If yes, please attach a copy of your acceptance letter? List college name and info below

Do you have community service or extracurricular activity experience? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

References

Please list two references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Explain why
you would
like a
scholarship
from
NCNW: _____

Work or Extracurricular Activity Experience

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job or
Activity Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job or
Activity Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job or
Activity Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

JROTC/ROTC Military Service

School or
Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I grant NCNW Metropolitan Sun AZ permission to obtain any academic record or verification for the sole purpose of this application. I will complete other requirements including letters of recommendation, interviews and proof of college acceptance. I understand that false or misleading information in my application or interview may result in my disqualification. ***Previous awardees are not eligible to reapply for NCNW Metro Sun AZ scholarships.***

Signature: _____ Date: _____

Please use this space or attach one page to explain why you would like a scholarship from NCNW. Also, Please attach a 500 word essay describing your goals and objectives, any unique gifts and talents that you desire to pursue through advanced education in a college, university or technical program. **Deadline May 1, 2025**