Norfolk County Beekeepers Association
Scholarship Application

The applicant must be a NCBA member in good standing or their child.
Please include your transcript when returning this application.
Complete the information below and return it by June 1st to:

Norfolk County Beekeepers Association
ATTN: Scholarship Committee
PO Box 258
West Roxbury MA 02132-1901

Any application postmarked after the deadline will be ineligible.

Student Name Date of Birth

Telephone Number Email address

Student Permanent Address

Parent/Guardian Name Parent/Guardian Telephone Parent/Guardian Email

Parent/Guardian Permanent Address

High School attended and highest grade completed

Have you been accepted to an institution of higher education? Have you completed a FAFSA?

Which institution(s) are you attending/considering?

Will you attend full time/half time/less than half time? Do you plan to live on-campus/off-campus/commute?

What is your intended major?

What is your GPA? What are your SAT scores? CR M WR What are your ACT scores? E M R S WR

In 400 words or less, describe your college major and career goals. Please list any jobs, volunteer work, extra-curricular activities or clubs that you participate in. Please attach this as a separate sheet and submit it with your application. Preference will be given to NCBA Scholarship candidates who are pursuing higher education involving beekeeping, entomology, agriculture, life sciences, environmental sciences, land management, or a field related to agriculture in its widest aspect.

In submitting this application, I, the undersigned applicant, certify that the information provided is complete and accurate to the best of my knowledge. I understand and agree that the falsification of information will result in termination of any scholarship granted.

Student Signature Date: Parent/Guardian Signature Date: