

NKEMNJI ACHENJANG FOUNDATION
NAF Scholarship-Financial Assistance Program
Application Form
www.nkemnjiachenjang.org
nafincorporated@gmail.com



Applicant Information

First Name _____ Middle Initial _____ Last/Family Name _____
Gender Female Male Date of Birth (MM/DD/YYYY) _____
School or Personal Email Address _____
Telephone Number _____

Permanent/Home Address	School Mailing Address
Street _____	Street _____
City _____	City _____
State/Province _____ Zip Code _____	State/Province _____ Zip Code _____
Country _____	Country _____

Academic Information

Academic Level Secondary/High School College/University Graduate-level
Name of School _____
Financial Aid Office Phone Number _____
Financial Aid Office Email Address _____
Program of Study or Major _____
Date Enrolled _____ Current GPA _____ Expected Graduation Date ____/____/____
Please list the names of the individuals who will email letters of recommendation to NAF:
1) _____ 2) _____

Assistance Information

Would you be willing to submit a short video about yourself? Yes No
Have you previously applied for NAF assistance? Yes No
Do you have any dependents? Yes No
If yes, how many dependents? _____ Age(s) of dependents _____

How did you hear about the NAF Scholarship-Financial Assistance Program?

- Friend
- Faculty
- Parent
- NAF Representative
- Online
- Other: please specify _____

Application Materials

Applicant Email Attachments	Letters of Recommendation
<input type="checkbox"/> Completed application	Recommenders should email support/recommendation letters to NAF at: nafincorporated@gmail.com .
<input type="checkbox"/> Essay	
<input type="checkbox"/> Latest school transcript(s)	
<input type="checkbox"/> Resume or curriculum vitae	

Certification & Permission to Release Information

I have read and understood the provisions of the NAF Scholarship-Financial Assistance Program, and I certify that all submitted documents are complete and accurate. I understand that any false, misleading, or inaccurate statements are bases for ineligibility. If I receive an award based on such statements or information, I understand that the award may be revoked. I understand that NAF may request additional information to decide on my application, including a personal interview. I agree that if this application is accepted and I receive an award, I will be bound by the terms and conditions of the award and will participate in NAF's promotion. By signing this application, I authorize NAF to confirm, release, and use the information included in this application and my supporting materials. Awardees are expected to participate in public relations to promote the foundation's charitable activities. If selected to receive aid, I agree to submit the following items prior to funds being dispersed:

- Required: Your photo – may be in front of your school building or with a school official
- Required: A short statement (no more than six sentences) of appreciation for the award
- Required: A quote (no more than three sentences) about how the award will help you achieve your academic/professional aspirations and goals
- Encouraged: A short video (no more than 2 minutes) about how NAF has made an impact on your education and life

(View past submissions on our [Facebook](#) and [LinkedIn](#)).

Signature of Applicant _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Email your completed application and supporting materials to:

nafincorporated@gmail.com by April 15