

**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 must be submitted.)

\_\_\_\_\_Yes      \_\_\_\_\_No

In a separate Essay document, please briefly tell us about yourself, your goals, and your ambitions. How are they compatible with the Foundation's Focus? What is your understanding of the individual for whom this Foundation is named? - ***1,500-word limit***

**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 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) signed letters of recommendation (on letterhead), preferably from educators who were your prior instructors.**
- (2) The application cycle opens May 15th and closes July 30th each calendar year. (*Please do not submit material before May 15th.*)**
- (3) This application should be completed and submitted either via:**
  - (a) Scan all documents and email the scan packet to:  
gerald@rememberingnathananderson.org**
  - OR**
  - (b) Mail packet to: Nathan L. Anderson Memorial Scholarship Foundation, Inc., 4403 Knott Street. Beltsville, MD 20705. Attention: Application Review Committee**
- (4) All documents must be *received* no later than July 30th.**
- (5) Review of applications and award decisions are done during the first week of August.**

**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 that 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.

---

SIGNATURE OF APPLICANT

---

DATE