



PARKING
INDUSTRY
INSTITUTE

A Foundation of the
National Parking
Association

Scholarship Application

1112 16th Street, NW
Suite 840
Washington, DC 20036
202.296.4336

A. General Information

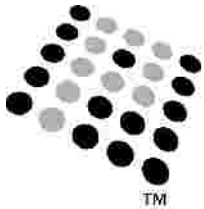
Applicant's Name (Last, First, M.I.) _____
Address _____
City _____ State _____ Zip Code _____
Email Address _____ Phone _____
Social Security Number _____ Date of Birth _____
Place of Birth _____ Marital Status _____ No. Of Dependents _____
Name of NPA Affiliated Member Organization (Employer) _____
Name of NPA Affiliated Person (Employee) _____ Position _____
Applicant's Relationship to Above Named Person

1 Self 1 Spouse 1 Son 1 Daughter 1 Other

B. NPA Member Certification

This is to certify that the applicant is:

- A son, daughter or spouse of a full-time employee of a firm that is a member of the National Parking Association. The parent or spouse must have been employed at least three years as of January 1st of the year the applicant is applying for a scholarship.
- A full-time or part-time employee of a firm which is a member of the National Parking Association. The employee must have been employed for at least one year as of January 1st of the year he or she is applying for a scholarship.



NATIONAL
PARKING
ASSOCIATION

Signature of Company Official

Print Name

NPA Member Organization or Company

City State Zip

Telephone

C. Education Information

Name of High School Attended _____

Date of Graduation _____ Class Standing _____

List all Colleges/ Universities attended:

College/ University	Dates of Attendance	Graduation Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

College/ University You Plan to Attend _____

Full Time or Part Time _____ Have You Been Accepted _____

Will You Be A: 1 Freshman 1 Sophomore 1 Junior 1 Senior

Major Field of Study _____ Expected Graduation Date _____

List Extra-Curricular Activities in High School or College _____

How Did You Spend Your Last Two Summers? (Attach a separate sheet if necessary)

D. Employment Information

Are You Currently Employed? 1 Yes 1 No

Do You Plan To Work During The Academic Year? 1 Yes 1 No

If Yes, Do You Plan To Work: 1 Full-Time 1 Part-Time

What Percentage Of Your College Expenses Do You Expect To Earn? _____

Employment History

Company (Include address)	From	To	Position Held

F. Supplemental Information

1. Attach a statement (no more than two pages) which outlines the following:
 - a. Your career interest and goals
 - b. Community, civic or professional organizational affiliations
 - c. Major personal accomplishments
 - d. How a Parking Industry Institute scholarship would be beneficial to you
2. Attach a CERTIFIED copy of the most currently available transcript of grades and credits.
3. If you are not yet enrolled in a college or university, please submit a letter of acceptance, if available, from the college or university you plan to attend.

(All documents become the property of the Scholarship Committee and will not be returned).

G. Applicant Recommendation/ Appraisal Forms

To be considered for scholarship aid, three complete recommendation/appraisal forms are required. Two of these should be from a high school teacher or college instructor who is familiar with your academic work, while the third should be from someone knowledgeable about your extracurricular, athletic or employment activities.

Complete, sign and photocopy the enclosed recommendation/appraisal forms and send them to the individuals from whom you are seeking a recommendation. Request that they complete and return the form to the Parking Industry Institute Scholarship Committee as promptly as possible (notify them of the application deadline). It may be helpful if you provide these individuals with a stamped envelope addressed to the Scholarship Committee.

H. Applicant Certification

The information contained in this application is accurate to the best of my knowledge. I understand that scholarships are awarded at the discretion of the Scholarship Committee, and I give the Committee permission to contact my school, references, and employer for verification of this information. I understand that I may be requested to return the award if I do not complete this course of study.

I further acknowledge that I have read the Parking Industry Institute's Scholarship Guidelines and agree to the terms contained therein.

Signature of Applicant

Date

Signature of Parent/ Guardian
(If applicant is under 18)

Date