



NATIONAL BUSINESS ASSOCIATION SCHOLARSHIP PROGRAM

Philosophy

The National Business Association (NBA) Scholarship Program was established to achieve a number of highly desirable objectives. First, the scholarship program is viewed as a major benefit for members of the NBA. Second, it recognizes and aids deserving students who are eligible for the awards based on their parents' membership in the NBA. Third, the awards assist the winners and their parents with college expenses. The philosophy of the NBA Scholarship Program differs from traditional scholarship programs that reward outstanding academic achievement. NBA Scholarships are awarded to deserving students whose academic credentials fall within an average to above-average range. In general, average and above-average credentials are, for those students that rank in the top third of their senior class but not in the top 10 percent. Standardized test scores should range, for the ACT Composite, from 18 to 26, or for SAT, combined Verbal and Math scores should range from 850 to 1190. Students enrolled in college should present college GPAs that range from 2.50 to 3.50 on a 4.00 scale, in addition to having the proper high school credentials.

Eligibility

Those eligible to apply are high school seniors, and college freshmen, sophomore, and juniors who are dependent sons and daughters of NBA dues paying members. Note: The parents of the applicants must still be NBA members at the time the winners are selected in April.

Awards

Up to five (5) \$1,500 scholarships will be awarded each year. These are one-year awards and are not based on financial need. There is a new competition for these awards each year. Winning one year does not guarantee a recipient will win the following year. The scholarship will be applied to educational expenses at accredited, nonprofit colleges, universities or vocational/technical schools in the United States. A student may transfer colleges and retain the award.

Winner Selection

An impartial selection committee composed of educators chooses the winners. In selecting the winners, the committee evaluates the applicants' academic records, test scores, extracurricular activities, and recommendations. All applicants are notified of the results of the competition by May 15.

Responsibilities of Recipients

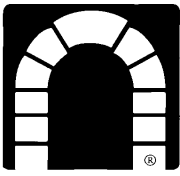
Scholarship recipients must enroll as full-time college students in the fall of the year in which the scholarships are awarded and continue in school for the entire academic year without interruption, barring illness, emergency, or military service. Scholarship recipients are responsible for making certain that their scholarship checks are delivered to their colleges.

Payment of Funds

Checks will be mailed to each recipient's home address and will be made payable to the college or university only. For students on the semester system, checks will be issued in August and December. For students on the quarter system, checks will be issued in August, November, and February.

Questions

For additional questions regarding the scholarship program contact:
Scholarship Program Administrators, Inc.
P.O. Box 23737, Nashville TN 37202-3737
Phone (615) 320-3149 or Fax (615) 320-3151
Email: info@spaprog.com



All applicants must complete steps 1-3:

1. Complete and process the High School Record Request Form as directed. If your ACT or SAT scores do not appear on your transcript, attach a copy of the scores as received by the College Board.
2. Complete all pages of this application as directed.
3. Mail your completed scholarship application by the April 1 postmarked deadline to the address indicated above.

Attention College Students:

You must also submit a current official transcript of your grades from all the college(s) you have attended.

Student Information:

SS# _____ - _____ - _____ First Name _____ Last Name _____

Home Mailing Address _____ Apartment _____

City _____ State _____ ZIP _____ Phone # _____ - _____ - _____ E-Mail _____

High School Information:

High School Name _____ City _____ State _____ ZIP _____

Year of High School Graduation _____ School Phone Number _____

Academic Information:

Applicants, please fill out the information in the boxes below.

College GPA	High School GPA	High School Class Rank	High School Class Size	ACT-Composite	SAT-Math	SAT-Verbal

College Information:

In the fall I plan to attend _____ with a major in _____

In the fall I will be a college Freshman Sophomore Junior Senior

Eligible Employee Information:

If both of the sections below apply, please fill in all necessary information.

If the applicant is the person whose employment makes him or her eligible, fill out the student section below.

Applicant: Company Name _____

Store# _____ Address _____ City _____ State _____ ZIP _____

Hire Date (Month) _____ (Year) _____ Business phone # _____ - _____ - _____

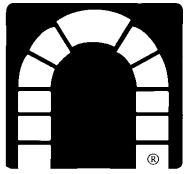
If the parent/legal guardian is the person whose employment makes the applicant eligible, fill out the parent/legal guardian section below.

Parent/Legal Guardian: Full Name _____ SS# _____ - _____ - _____

Company Name _____

Store# _____ Address _____ City _____ State _____ ZIP _____

Hire Date (Month) _____ (Year) _____ Business phone # _____ - _____ - _____



**National
Business
Association**®

SCHOLARSHIP PROGRAM HIGH SCHOOL RECORD REQUEST FORM

Scholarship Program
C/O Scholarship Program Administrators, Inc.
P.O. Box 23737
Nashville TN 37202-3737

All applicants must complete steps 1-4:

1. Detach this form from your application by cutting along the dotted line.
2. Complete the student information section below.
3. Mail or submit this form to your high school.
4. Have this form and attached record mailed to the address above postmarked by April 1. Notify Guidance Counselor of postmarked deadline.

Note: High school records are needed for all applicants regardless of the applicant's year in college.

Student Information:

Social Security Number# _____ - _____ - _____ Year of High School Graduation _____

First Name _____ Last Name _____

Home Mailing Address _____ Apartment _____

City _____ State _____ ZIP _____

Home Phone # (_____) _____ - _____ E-Mail Address _____

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information.

Applicant's Signature _____ Date _____

Guidance Counselor, this student is applying for a scholarship. Please complete steps 1-4:

1. Attach a copy of the student's records, which includes seven semesters of grades.
2. Fill in the boxes below with the requested information.
3. Sign certification statement below.
4. Mail this form and attached record to the address above, or return this form and attached record to the student for mailing by the April 1 postmarked deadline.

I certify that all the information on this form is correct, and that the student's record is included.

Counselor's Signature _____

Office Phone Number _____ Office Fax Number _____

High School GPA	Class Rank	Class Size	ACT-Composite	SAT-Math	SAT-Verbal

ACTIVITIES, COMMUNITY SERVICE, AND AWARDS

List and describe your extracurricular activities, in and out side of school. Include information on service organizations and/or community projects you have been involved in, and any awards you have received. (If more space is needed, you may continue on a separate page, using the same format as below. Be sure to include your name and social security number on that sheet, and attach it to your application.)

Activity	Position/Office	Hours/Week	1	2	3	4	Awards/Honors

EMPLOYMENT HISTORY

Describe your work experience over the past three years. (If more space is needed, you may continue on a separate page, using the same format as below. Be sure to include your name and social security number on that sheet, and attach it to your application.)

Employer's Name	Year(s)	Hours/Week	Position Held

APPLICATION CHECK LIST

You may use the following checklist in order to assure that the application process is complete

- I have submitted my application (filled out in full, signed, and dated)
- I have mailed or attached my high school transcript, or it is being mailed by my high school guidance counselor
- I have submitted copies of my ACT and/or SAT scores (documented on transcript or from copy of score report)
- I have mailed or attached my college transcript(s) (for college students only)

CERTIFICATION

I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition.

I understand that it is my responsibility to make sure that this application is completed and mailed by the required postmarked deadline, listed on the application. Furthermore, I understand that if my application is not complete, or if I do not submit my application by the postmarked deadline, I may be disqualified from the scholarship competition and will not be considered for a scholarship.

This application, upon receipt, becomes the property of the scholarship sponsor, and of Scholarship Program Administrator, Inc., the administrator of the scholarship.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
(If the student is under 18 years old)