

# CONNECTICUT CHAPTER OF NASF 2025 SCHOLARSHIP APPLICATION

1. The applicant must be a member or a dependent of a member in good standing of the Connecticut Branch.
2. Applicant must have graduated from the 12<sup>th</sup> grade.
3. A transcript of all previous schooling is required for consideration of the application. A high school transcript with College Entrance Exam scores must be attached to the application.
4. Acceptance to or presently attending a technical school or college is required.
5. Applications will be accepted from Aug. 1, 2025 – Oct. 31, 2025 for the scheduled awarding of the scholarship at the December 2025 chapter meeting.
6. All things being equal, preference will be given to an individual entering the fields of engineering, environmental science or chemistry.
7. An applicant may be awarded a scholarship only once.
8. All applications must be filled out completely.
9. Upon the discretion of the Scholarship Awards Committee, the scholarship may be split between multiple worthy candidates should the need arise.

Please return the completed scholarship application to:

Jameson Grout  
28 Green Tree Lane  
Somers, CT 06071  
jamesongrout@gmail.com

**NATIONAL ASSOCIATION FOR SURFACE FINISHING  
CONNECTICUT CHAPTER**

*Scholarship Application*

**I. APPLICANT INFORMATION**

Name \_\_\_\_\_  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
High School \_\_\_\_\_  
Location \_\_\_\_\_  
Date of Graduation \_\_\_\_\_

**II. FAMILY INFORMATION**

Father's/Husband's Name \_\_\_\_\_  
Mother's/Wife's Name \_\_\_\_\_  
Address:  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Father's/Husband's Employment \_\_\_\_\_  
Occupation \_\_\_\_\_ Location \_\_\_\_\_  
Years \_\_\_\_\_

Mother's/Wife's Employment \_\_\_\_\_  
Occupation \_\_\_\_\_ Location \_\_\_\_\_  
Years \_\_\_\_\_

Name /relationship of immediate family members below the age of 21:

Name _____	How Related _____
Name _____	How Related _____
Name _____	How Related _____
Name _____	How Related _____

### III. STUDENT INFORMATION

Veteran: Yes \_\_\_ No \_\_\_ Service Date \_\_\_\_\_ to \_\_\_\_\_

Honorable Discharge: Yes \_\_\_ No \_\_\_ Rank \_\_\_\_\_ Branch: \_\_\_\_\_

Have/do you work while attending college?

Full time \_\_\_\_\_ Part time \_\_\_\_\_ No \_\_\_\_\_

Employment; Company Name:

\_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation: \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

If you have had other employment, please list on the back of this page.

Do you plan to continue working while in school? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you dependent in whole or in part on your parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Percentage of education paid for by:

1. Other scholarships
2. Family
3. Self

Other colleges previously attended:

School(s) \_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_ Date of graduation: \_\_\_\_\_

If you have attended other colleges, please list them on the back of this page.

### IV. FINANCIAL NEED

Name of college where scholarship would be used:

\_\_\_\_\_

Location: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: \_\_\_\_\_ Years: \_\_\_\_\_

Additional activities planned:

\_\_\_\_\_



Additional Information (optional): Please detail any additional information that you feel should be considered by the selection committee.

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I certify that the information herein is correct.

Signed \_\_\_\_\_ Date: \_\_\_\_\_