



**NLBRA/WRANGLER ACADEMIC SCHOLARSHIP APPLICATION**  
**This Scholarship Application must be sent Certified Mail to:**

**NLBRA National Office NLBRA Scholarship Committee**  
**5050 Edison Ave., Suite 105 Colorado Springs, CO 80915**  
**Postmark Deadline is May 29, 2021**

1. Name in full \_\_\_\_\_
2. Permanent Home Address \_\_\_\_\_
3. Telephone Number (\_\_\_\_\_) \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_
5. Father's Name \_\_\_\_\_
6. Father's Occupation \_\_\_\_\_
7. Mother's Name \_\_\_\_\_
8. Mother's Occupation \_\_\_\_\_
9. How many years of NLBRA competition? \_\_\_\_\_ (Include current year)
8. List your accomplishments and awards from your NLBRA competition
9. List all secondary schools attended  

Name	Location	Dates
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
10. Ranked \_\_\_\_\_ in a class of \_\_\_\_\_
11. Which college, university or vocational school do you plan to attend?
12. Have you applied for admission? \_\_\_\_\_
13. Have you been accepted? \_\_\_\_\_
14. What is your proposed major field of study? \_\_\_\_\_
15. In what other areas are you interested? \_\_\_\_\_

Please prepare a short statement outlining your academic plans and career goals and indicate why higher education is a priority in your life. (Limit response to the space provided here.)

What has been your greatest benefit from being a member and participating in the NLBRA program? Limit yourself to the space provided.

Describe your involvement in school.

A photo (any size) of the applicant must be included with the application. The photo will not be judged. The photo will be used to promote the NLBRA/Wrangler Academic Scholarship in the future. Thank you

## NLBRA/Wrangler Academic Scholarship Agreement Acceptance

I understand that if I am chosen to receive a NLBRA/Wrangler Academic Scholarship it will be awarded to me after the completion of my final year of NLBRA eligibility. Attire at the Scholarship Awards presentation at the NLBFR (date & time will be posted) to receive the award or I understand I forfeit my scholarship. The funds will be issued directly to the school.

I further understand that this scholarship is to be used at an accredited two or four-year College or University or vocational institution. I further understand that if I am the recipient and if I attend a trade school for less than one year then the entire scholarship will be awarded and paid in full. I further understand that if I am the recipient and I am attending a two or four-year institution then one-half will be awarded for the first year. The student is then responsible submitting an official copy of his/her transcripts and another request for the remaining balance to be paid.

I agree to have the school send an official transcript of my grades to the NLBRA/Wrangler Academic Scholarship Committee each semester/quarter for their review, and that if, in the Committee's opinion, I am not deserving of the scholarship, the remaining balance may be cancelled.

I also agree that, if I find it necessary or advantageous to transfer to a different college, university or vocational school other than the first selection, I must notify the Committee by letter in order to be eligible for the remaining, unused portion of the scholarship.

Signature

Date

To the best of my knowledge, the above information is correct and I agree to the above stated policies regarding this award.

Signature of Parent or Guardian

Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires: \_\_\_\_\_

SEAL

Signature of Notary Public

THIS PAGE IS TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR OR  
PRINCIPAL ONLY

NOTE TO PRINCIPAL OR COUNSELOR:

Please complete items below and mail with a transcript to:

NLBRA

## ATTENTION: SCHOLARSHIP COMMITTEE

5050 EDISON AVE., SUITE 105

COLORADO SPRINGS, CO 80915

Your recommendation will be held in strict confidence.

Student's Name \_\_\_\_\_

Size of graduating class\_\_\_\_\_

Applicants approximate rank in class

ACT Composite Score

ACT National Percentile Rank – College Bound

Check One: \_\_\_\_\_ I highly recommend  
 \_\_\_\_\_ I recommend  
 \_\_\_\_\_ I recommend with reservation  
 \_\_\_\_\_ I do not recommend this  
 student for a scholarship

Please evaluate this student in the following areas: (Circle the appropriate response)

Leadership Ability:	Marginal	Satisfactory	Very Satisfactory	Excellent
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**Potential for growth:** Marginal                      Satisfactory                      Very Satisfactory                      Excellent

	Marginal	Satisfactory	Very Satisfactory	Excellent
<b>Innovative thinking:</b>				

Willingness to contribute:	Marginal	Satisfactory	Very Satisfactory	Excellent
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	Marginal	Satisfactory	Very Satisfactory	Excellent
<b>Personal conduct:</b>				

Diligence in school work:	Marginal	Satisfactory	Very Satisfactory	Excellent
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**Dedication to school:** Marginal                      Satisfactory                      Very Satisfactory                      Excellent

Seeks Responsibility:	Marginal	Satisfactory	Very Satisfactory	Excellent
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The Scholarship Committee would appreciate your comments about this student:

Signature: \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_ High School: \_\_\_\_\_