



BILL NELSON SCHOLARSHIP ENDOWMENT APPLICATION

NOTE: Only fully completed applications will be considered! Previous winners are ineligible to participate again.

I. CONTACT INFORMATION

NAME _____ HOME PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

II. SPONSOR INFORMATION

OPEAA MEMBER COMPANY _____

NAME OF EMPLOYEE _____

RELATION TO EMPLOYEE _____

III. ACADEMIC INFORMATION*

CUMULATIVE GPA (AS OF MOST RECENT SEMESTER) _____

SAT SCORE _____ ACT SCORE _____

EXPECTED DATE OF GRADUATION _____ HIGH SCHOOL COLLEGE

PLEASE LIST ALL SCHOOLS ATTENDED SINCE THE NINTH GRADE:

SCHOOL _____

SCHOOL _____

ADDRESS _____

ADDRESS _____

YEARS ATTENDED _____

YEARS ATTENDED _____

SCHOOL _____

SCHOOL _____

ADDRESS _____

ADDRESS _____

YEARS ATTENDED _____

YEARS ATTENDED _____

PLEASE LIST ANY DEGREES/CERTIFICATES RECEIVED

*Indicates areas in which candidate will be considered for scholarship.

PLEASE LIST ANY HONORS/SCHOLARSHIPS RECEIVED

IV. WORK EXPERIENCE*

PLEASE LIST ALL PREVIOUS EMPLOYMENT AND ANY OTHER WORK RELATED ACTIVITIES:

COMPANY NAME _____

SUPERVISOR'S NAME _____ PHONE NUMBER _____

JOB DESCRIPTION _____

COMPANY NAME _____

SUPERVISOR'S NAME _____ PHONE NUMBER _____

JOB DESCRIPTION _____

V. PERSONAL INFORMATION*

PLEASE LIST ALL EXTRACURRICULAR ACTIVITIES AND COMMUNITY SERVICE/SOCIAL ORGANIZATIONS

VI. ESSAY *

ON A SEPARATE SHEET OF PAPER, DESCRIBE YOUR ACADEMIC ASPIRATIONS IN 250 WORDS OR LESS.

VII. REFERENCES*

PLEASE ATTACH TWO (2) REFERENCE LETTERS.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION, AND ANY AND ALL SUPPORTING DOCUMENTS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____

Send completed application to **infoOPEAA@opeaa.org** (preferred) **by May 13, 2022**, or to:
BNSE Trustees
1605 King St.
Alexandria, VA 22314

Supported By:



*Indicates areas in which candidate will be considered for scholarship.