

THE NORTHPORT PROMISE

Scholarship Application

(Please print or type neatly)

New Applicant

Existing Applicant

Application Date:

Name:

Address:

City/State/Zip:

Mailing Address (if different from above):

Date of Birth:

Best Phone Number to Reach You:

Email Address:

Last Four Digits of Your Social Security Number:

Your Selected Post-Secondary School and School Student Number:

Qualifying Attendance: We need to know what year you started at Northport and if there were any interruptions in your attendance at Northport before this year. For example: K-12, 6-12 or 3-6 and 8-12.

Years Attending Northport:

By checking the box and submitting the application you agree to the following: "I have read and understand the qualifications and terms for financial assistance from The Northport Promise and that the information I've provided about my residency and enrollment in the Northport Public Schools is true to the best of my knowledge."

Please add any additional messages for the Northport Promise on a separate sheet of paper.
Submit this form to The Northport Promise, PO Box 292, Northport MI 49670