
POST
SECONDARY
SCHOOL
DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference, the schools to which applications for admission have been sent.)

School _____ City _____ State _____

School _____ City _____ State _____

- 4 yr. College or University
- 2 yr. Community or Junior College
- Vocational-Technical School

APPLICANT
CHECKLIST

- Current transcript
- Written essay about oneself
- Letter of recommendation from school counselor or teacher

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge.

Falsification of information may result in termination of any scholarship granted.

This application becomes the property of the Northstar Chapter of the American Payroll Association.

Applicant's Signature _____ Date _____

Parent or
Guardian Signature _____ Date _____

MAIL TO: Northstar Chapter
American Payroll Association
P.O. Box 16311
St. Louis Park, MN 55416