



William Marcus Natta Memorial Scholarship Fund

"A Helping Hand Along Your Way"

www.nattascholarshipfund.org

The enclosed application for the William Marcus Natta Memorial Scholarship aims to collect information on your academic and personal background as well as community activities and future plans. Your responses are vital to helping the Scholarship Committee make a final decision. The information collected will be kept confidential and will only be used in connection with your application for the scholarship.

Applications may also be downloaded from the Fund's website at www.nattascholarshipfund.org.

APPLICATION GUIDELINES

- ❖ Please type or print clearly when filling out the application and complete the form in its entirety.
- ❖ Please ensure that the application is signed and all requested documents are included with the submitted application package. (Ensure that any attachments contain the applicant's full name.)
- ❖ One letter of recommendation is **required**. This letter may come from an academic source (i.e. teacher, guidance counsellor, etc.) or a personal contact (**not** a friend, classmate, or family member) that has knowledge of the applicant's activities outside the classroom (e.g. extracurricular activities, community service, etc.)
- ❖ Official copies of the applicant's last two report cards **must** be submitted with the application form.
- ❖ **DEADLINE FOR SUBMISSION** (*postmark by*): **May 1st, 2025**. No exceptions will be made and all decisions are final.
- ❖ Applicants will receive notification of a decision on their application by July 1st, 2025.
- ❖ **Please mail your completed application to:**
William Marcus Natta Memorial Scholarship Fund, P.O. Box 2242, Basseterre, St. Christopher (St. Kitts) & Nevis.

General questions about the scholarship may be directed to:

William Marcus Natta Memorial Scholarship Fund
P.O. Box 2242, Basseterre, St. Christopher (St. Kitts) & Nevis

Or via email at:

nattascholarshipfund@gmail.com

THE WILLIAM MARCUS NATTA MEMORIAL SCHOLARSHIP 2025 APPLICATION

APPLICANT INFORMATION

Student's Full Name:		Male <input type="checkbox"/>	
		Female <input type="checkbox"/>	
Student's Date of Birth:	Contact Phone(s):	Home:	
		Cell:	
Home Address:			
Name of School:			Current School Grade:
What would you like to do professionally in the future?		Number of siblings currently living at home:	

FAMILY INFORMATION

Mother's Name:	Email:
Place of Employment:	Job Title:
Highest Level of Education (check one): Some High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's Degree or higher <input type="checkbox"/>	
Father's Name:	Email:
Place of Employment:	Job Title:
Highest Level of Education (check one): Some High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's Degree or higher <input type="checkbox"/>	
Legal Guardian's Name:	Email:
Relationship to Applicant:	
Place of Employment:	Job Title:
Highest Level of Education (check one): Some High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's Degree or higher <input type="checkbox"/>	

Monthly Household Income (EC\$):

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SCHOOL ACTIVITIES/AWARDS

List any school activities and achievements (sports, spelling bees, honour rolls, student government, etc.):

COMMUNITY ACTIVITIES/AWARDS

List any community activities and achievements (scouts, girls/boys brigade, dance, church groups, etc.):

ADDITIONAL INFORMATION

Are there any additional pieces of information or special circumstances which would be helpful to the Scholarship Committee?

STUDENT CERTIFICATION AND CONSENT – PLEASE READ, SIGN, AND DATE

I hereby certify that all the information contained in this application is true and accurate to the best of my knowledge. The William Marcus Natta Memorial Scholarship Committee reserves the right to request additional information or documentation from each applicant in order to verify the applicant’s financial need, academic record and other relevant factors. Also, I understand that all decisions made by the William Marcus Natta Memorial Scholarship Committee are final and not subject to review or appeal. I understand that the recognition of scholarship recipients and names of students receiving scholarships may be used by the William Marcus Natta Memorial Scholarship Committee in its public relations efforts, including in press releases.

Student Applicant Signature:	Date:
Parent/Legal Guardian Signature:	Date:

