

# MN NATP PROFESSIONAL SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



NATP Membership Number: \_\_\_\_\_ Member Since: \_\_\_\_\_

Have you ever served on the NATP Board of Directors at the State or National level? Yes      No

If yes, please list the State's and/or National Board and your position(s) and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Do you work as a tax professional? Yes No

How many years have you been in the profession? \_\_\_\_\_ Full or part time? \_\_\_\_\_

Are you self-employed, or do you work for a firm? \_\_\_\_\_

Name, Address and Phone # of Business: \_\_\_\_\_

Have you applied for this scholarship before? Yes No If yes, when? \_\_\_\_\_

Did you receive a scholarship? Yes No If yes, when, and how much? \_\_\_\_\_

Purpose? (ex: course, exam) \_\_\_\_\_

What is your goal and purpose in applying for this Scholarship?

\_\_\_\_\_  
\_\_\_\_\_

## List 3 Professional References:

Name	Phone or Email Address	Position/Title