North Carolina Association of Zoning Officials Scholarship Application



CONTACT INFORMATION		
Name		-
Address		-
Home Phone		-
Cell Phone		-
E-Mail Address		-
EDUCATION Please provide Name, Location	, and Dates of Attendance	
High School		
College or University		
Professional or Graduate		
Are you currently enrolled in a ☐ Yes		
If currently enrolled, what is your	major?	
ACTIVITIES		
Tell us about yourself. What is you separate sheet if needed.)	ur field of study, what do you want to do once you graduate? (You may attach a

MEMBER AFFILIATION What is the name of the NCAZO member in good standing affiliated with this application?		
REFERENCE LETTERS		
Please list references not related t complete application.	o you. Three letters of referenc	e are required. Please attach to
NAME	RELATIONSHIP	PHONE NUMBER
SIGNATURE I understand and agree that any fundation towards advancing my education.	s received through the NCAZO Sch	olarship Program shall be used
	Name	Date
Please return complete application to Joe Garnett, CZO City of Wilmington 305 Chestnut Street, Second Floor Wilmington, NC 28401 (910) 341-3227 joe.garnett@wilmingtonnc.gov	o:	
Office Use Only		
Date Received at NCAZO Office		

☐ Yes

□ No

Application Complete