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 college or university?					
	Yes 🗆	No			
If currently enrolled, what is y	our major?				

ACTIVITIES

Tell us about yourself. What is your field of study, what do you want to do once you graduate? (You may attach a separate sheet if needed.)

MEMBER AFFILIATION

What is the name of the NCAZO member in good standing affiliated with this application?

REFERENCE LETTERS

Please list references not related to you. Three letters of reference are required. Please attach to complete application.

NAME	RELATIONSHIP	PHONE NUMBER	
<u> </u>			
<u> </u>			
SIGNATURE			
I understand and agree that any funds r	eceived through the NC	AZO Scholarship Program shall be used	
towards advancing my education.			
	Name	Date	
	Name	Date	
Please return complete application to:			
Joe Garnett, CZO	Nc	Nominations Due by July 15, 2024	
City of Wilmington P.O. Box 1810			
Wilmington, NC 28402	Awarde	d at the Annual Conference in August	
(910) 341-3227	••••••	at Carolina Beach	
joe.garnett@wilmingtonnc.gov			
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Office Use Only			
,			
Date Received at NCAZO Office			
Application Complete	□ Yes	□ No	