



## SCHOLARSHIP APPLICATION 2020

**SEVENTEEN (17) SCHOLARSHIPS WILL BE AWARDED**

**FIRST (1<sup>ST</sup>) – THIRD (3<sup>RD</sup>) \$ 4,000 EACH**

**FOURTH (4<sup>TH</sup>) – TENTH (10<sup>TH</sup>) \$ 2,000 EACH**

**ELEVENTH (11<sup>TH</sup>) – SEVENTEENTH (17<sup>TH</sup>) \$1,000 EACH**

### Instructions

1. Carefully read the information and instructions printed in this packet.
2. Be certain to include all attachments as requested.
3. Include your full name on the upper left corner of all pages, including attachments.
4. There are 7 (VII) parts to this application. Make sure all portions of the application are completed. Incomplete applications will not be considered.
5. **Your physical signature on the Application is required.**
6. **All applications are scanned upon receipt page by page.** Therefore, please:
  - No double-sided pages, staples, paper clips or binders of any kind.
  - DO NOT place transcripts or letters of recommendation in a separate and/or sealed envelope.
7. Return this application as soon as possible, **postmarked no later than Friday April 3rd, 2020.**

Return postmarked application no later than April 3<sup>rd</sup>, 2020 to Oregon FNRA State Funding Committee Chairman:

Dr. Maurizio Valerio  
52843 Highway 203  
Union, OR 97883

541-853-2355  
[maurizio.valerio@gmail.com](mailto:maurizio.valerio@gmail.com)

**Note:** Scholarship Awards are for the **Fall 2020** term. However, Scholarship can be deferred up to 2 years but **must be used by Fall 2022 term.**

Applicant Name: \_\_\_\_\_

## **PART I: Applicant Information**

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number 1: (\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

Telephone Number 2: (\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*Please check your email inbox frequently for news and updates on your application.**

### **Signature**

All applicants **must** sign and date the following to be considered.

**I hereby certify that the above information is correct to the best of my knowledge and the essay is an original work written by me. I understand that knowingly fabricating any information on this application may make me ineligible to participate in the Oregon FNRA Scholarship program.**

**I understand that information provided on this application may be verified by the NRA Foundation and I authorize and request every person, firm, corporation, association, and/or agency having control of any documents, records, writings, or other information pertaining to me furnish to the NRA Foundation any and all such information the Foundation believes will relate to my qualifications to participate in the Oregon FNRA Scholarship program, and to permit the NRA Foundation and any of its agents or representatives to inspect, copy, or otherwise record such information.**

**Oregon State Funding Committee and the NRA Foundation are committed to safeguarding your personal information and will NEVER share your information with anyone else.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_

## **PART II: School Information**

Applicant must currently be enrolled in an accredited or equivalent high school and must be a graduating senior. If your school does not use a 4.0 scale, please calculate and convert your GPA accordingly.

Name of High School or Equivalent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Counselor in charge of Transcripts: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Cumulative Grade Point Average (**unweighted**): \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_

## **PART III: Transcripts**

Attach copies of transcripts. If you are home schooled, send notification of evaluation provided by the Board of Education, grades from an independent third-party source such as a licensed teacher, or grades from the student's family. Include any grades from the present year along with your transcripts. If possible, please keep official transcripts with application.

**Transcripts do not need to be sealed or placed in a separate envelope. Do not send separately unless required by school.**

Applicant Name: \_\_\_\_\_

**PART IV: Extracurricular, Volunteer and Shooting Sports Activities**

Attach to this application a list of extracurricular, community, shooting sports activities and hobbies you are involved in. Please list your activities and hobbies in the order of their interest to you. Include school and community clubs and/or associations, leadership positions held, awards received, etc. Also include the number of years you've been involved in the organization and your current and past roles.

Applicant Name: \_\_\_\_\_

## **PART V: Essay**

Please provide an **original** double-spaced essay, typed, two to three pages (no longer than three pages), on **ONE** of the following topics. Correct spelling and grammar are expected. Credit to appropriate sources and/or bibliography **must** be included when applicable.

**The Second Amendment in the Bill of Rights states: “A well regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed.”**

Choose **one** of the following essay topics:

- 1) How does the Second Amendment of our Constitution still hold a profound meaning today as it did to our forefathers?
  
- 2) Explore historical examples of governments which have allowed their citizens to be armed or have taken measures to disarm them instead. When, where, and what were the consequences.

### **Notes:**

**Definition of a polished essay:** A polished essay includes clear and concise sentence structure and vocabulary, unique ideas and points, and excellent grammar and spelling. This type of essay also includes points that are backed up by quotes and evidence; it includes smooth transitions and an introduction that is direct and to-the-point, avoiding subjective adjectives and wordiness, or "random babble."

Applicant Name: \_\_\_\_\_

**PART VI: Personal Statement**

Please articulate why you are a good candidate for this year's Oregon FNRA Scholarship and share your goals, and aspirations. Your Personal Statement should be typed and no longer than one page.

Applicant Name: \_\_\_\_\_

## **PART VII: Letter of Recommendation**

Please attach one letter of recommendation from any of the following: teacher, school administrator, clergy, employer, business owner, Scout or other youth group leader, community leader, politician, or outstanding member of the community. Do not use family members. Please ask them to read the attached *Recommendation Form* before writing the letter. One (1) letter of recommendation only. Applications with more than one will have one chosen at random and prior to reading. **Please keep recommendation with application.**



Dear Sir or Madam,

Thank you for taking the time to complete a recommendation for the current **Oregon FNRA Scholarship** applicant. Letters of recommendation are an integral part of the entire Oregon FNRA Scholarship application. Therefore, your most earnest and observational thoughts on the student's qualifications are of great importance on this portion of the application.

We have asked that the prospective Oregon FNRA Scholarship student give you as much time as needed to write a letter thoroughly examining and highlighting the applicant's strengths and weaknesses. Please note that students will not be judged on per se weaknesses; our purpose for the letters of recommendation is to give us insight and perspective on the applicant's judgment, dependability, interpersonal skills, attitude, and initiative. We hope to gain a clearer picture of the applicant with this portion of the application, in addition his or her GPA, personal statement, and essay.

Please attach one letter of recommendation citing your understanding of the individual's qualifications for the Oregon FNRA Scholarship. Specific examples of behavior and acts of ambition are extremely beneficial to the applicant. The contact information is listed below. Please do not hesitate to call if you have any questions.

Thank you,

Dr. Maurizio Valerio, Oregon FNRA State Funding Committee Chairman  
541-853-2355 [maurizio.valerio@gmail.com](mailto:maurizio.valerio@gmail.com)

## **Letter of Recommendation: Contact Information**

Please fill this section out with your contact information if it is not already notated in your letter of recommendation. This information is kept confidential. It will not be entered into a database or sold to third-party vendors.

Name: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_