

**NORTH CAROLINA  
PLUMBING INSPECTORS ASSOCIATION  
SCHOLARSHIP FUND**

Application For

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(Name)

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**APPLICATION DEADLINE:  
MAY 1, 2025**

**Mailing Address: NC PLUMBING INSPECTORS ASSOCIATION  
270 Toms Street  
Rutherfordton, NC 28139  
Tel: 828-287-6036  
ncplumbinginspectorsassoc@gmail.com**

ACTION OF THE EDUCATIONAL FUND COMMITTEE

APPLICATION	APPLICATION	AMOUNT AUTHORIZED
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	

THIS GRANT IS AWARDED FOR SCHOOL YEAR OF \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTICE TO APPLICANT: Please read the "Instruction to Applicant" and the "Criteria of Qualifications" sections of this application thoroughly.

**PLEASE NOTE: IF THE APPLICATION IS NOT COMPLETELY FILLED OUT WITH ALL THE REQUIRED INFORMATION, IT WILL NOT BE CONSIDERED BY THE COMMITTEE.**

Date \_\_\_\_\_ (month/day/year)

Name in full \_\_\_\_\_  
(First) (Middle or Maiden) (Last)

Home Address \_\_\_\_\_  
(Address Number, Street, City, State, zip code)

Date of Birth \_\_\_\_\_ (month/day/year)

Birthplace \_\_\_\_\_ (city/state)

Are you married? \_\_\_\_\_ If so, for how long? \_\_\_\_\_ (years) Number of children \_\_\_\_\_

If married, give husband's or wife's name \_\_\_\_\_

Applicant's present occupation \_\_\_\_\_

If employed, name of firm \_\_\_\_\_

Address of firm \_\_\_\_\_

Name of Applicant's Father (or male guardian) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Address Number, Street, City, State, zip code)

Is he employed by a Municipality, County or State? (circle one) Yes or No

If so, name of the Municipality, County or State where employed \_\_\_\_\_

Title of Position or Job \_\_\_\_\_

Length of employment \_\_\_\_\_ (months and years)

Total years of plumbing inspection and/or plumbing plan review experience: \_\_\_\_\_

If not, give occupation and where employed \_\_\_\_\_

Name of Applicant's Mother (or female guardian) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Address Number, Street, City, State, zip code)

Is she employed by a Municipality, County or State? (circle one) Yes or No

If so, name of the Municipality, County or State where employed \_\_\_\_\_

Title of Position or Job \_\_\_\_\_

Length of employment \_\_\_\_\_ (months and years)

Total years of plumbing inspection and/or plumbing plan review experience: \_\_\_\_\_

If not, give occupation and where employed \_\_\_\_\_

I hereby apply for a grant of \$ \_\_\_\_\_ to enable me to (obtain)/(continue) my education at \_\_\_\_\_ located at \_\_\_\_\_ (College, University, Trade School, etc.) (city, state)

For session beginning \_\_\_\_\_ and ending \_\_\_\_\_ (month, day, year) (month, day, year)

My classification will be (Freshman, Sophomore, Junior, Senior) \_\_\_\_\_

My intended vocation is \_\_\_\_\_

The course of study I plan to major in is: \_\_\_\_\_

Name of High School, Preparatory School, College, etc., That You Have Attended or Are Now Enrolled In:

Prior Education/Training		Date	
School	Location	From (mo/yr)	To (mo/yr)

Please Indicate the Following:

Honors Received \_\_\_\_\_

Professional Societies \_\_\_\_\_

Clubs or Fraternities \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Hobbies \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2025 NCPIA Scholarship Application

(Continue on Separate Sheet, if needed)

## “CRITERIA OF QUALIFICATION” OF STUDENT APPLICANTS

The Educational Fund Committee may establish reasonable and operable procedures and qualifications for determining the selection of the student or students considered as recipients of grants from the Educational Fund, provided not in conflict with criteria or guidelines herein stated, and as follows: 1. The student applicants shall be sons or daughters of living or deceased plumbing inspection certificate holders who worked or are working for a building inspection department of the City or County or State government, for at least five (5) years, and further, that such City or County or State agency or department shall be an active member of the NC Plumbing Inspectors Association.

2. The student applicants shall agree that the use of grant funds shall be predicated on his or her enrollment or continuance of education in a recognized and/or accredited school such as a college, university, trade school, business college, or as may be acceptable to the Educational Fund Committee.
3. The applicant to possess qualities of good character and integrity.
4. A record of evidence of satisfactory scholastic or school grades, ability, ambition and desire for continuance of education.
5. The grant of funds may be utilized by a student for continuance of succeeding year or years upon satisfactory academic progress, subject to review by the Committee. The maximum number of years that funds may be granted a student is four years. All students desiring continuation of funding must make application each year using this form.

I solemnly affirm to the correctness of the information supplied in this Application, and that I have thoroughly read and understand the “Instructions to Applicant” and the “Criteria of Qualification” as transmitted herewith. If grant is provided, I agree and promise to use it for no other purpose than as set forth in the “Criteria of Qualification”.

Applicant's Signature \_\_\_\_\_

## INSTRUCTIONS TO APPLICANT

1. This Application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested. Read the contents carefully and understand each question and all information requested.
2. Before filling in the Application, draft your answers on an extra Application form as your file copy and work sheet. Little consideration will be given to carelessly prepared Applications.
3. Every question and statement must be answered and submitted. Do not answer any question with a check mark. If answer is “none” or “not apply”, it should be so stated. If spaces are inadequate for some answers, use separate sheet.
4. Answers must be neatly PRINTED by applicant with pen and ink.
5. Place name in proper space on front page of application.
6. Three (3) letters of recommendation, two (2) of which must be teachers or faculty members shall be included in the application packet.
7. Have mailed directly to the NC Plumbing Inspectors Association, an up-to-date copy of your high school or college transcript of academic record.
8. Return to the NC Plumbing Inspectors Association the completed application with any other required submittal or requested information including the documentation required by items 6, 7 and 9 of these instructions.
1. Have your ACT or SAT score sent directly to NC Plumbing Inspectors Association, 130 E Court St, Unit# 1049, Rutherfordton, NC 28139 or optionally include these items in the application packet.
2. All requested information is required for consideration of applicant.
3. It is the responsibility of the scholarship applicant to confirm that the scholarship application has been post marked by May 1<sup>st</sup> of the application year. You may also confirm that all scholarship information has been received by the Educational Fund Committee on the 7<sup>th</sup> day following the application deadline by contacting us at [ncplumbinginspectorsassoc@gmail.com](mailto:ncplumbinginspectorsassoc@gmail.com) and indicating NCPIA Scholarship Applicant in the subject of the email and providing your name as it appears on the application. You are strongly encouraged to verify complete receipt of your application. ***If some part of the application, recommendation letters, etc. are confirmed to be missing, you may still have time to contact the appropriate parties and have the missing items sent by email (at your option) to complete the application in time for consideration.***

**\*\*\*It is suggested that you keep a copy of this page for your records\*\*\***