NARI CARES MINNESOTA

2025 NARI Cares Scholarship Application

NARI Cares Minnesota is pleased to announce that \$1,000 scholarships will be offered to three 2025 graduates from area MN High Schools. The scholarships will be awarded in \$500 increments renewable for two semesters.

Applications will be accepted until March 30th, 2025. Interested students should mail or deliver their completed application, one-page essay, and transcript to: NARI Cares – Scholarship Committee, 275 Market Street, Ste 54, Minneapolis, MN 55405 info@narimn.org

Criteria

- *Resident of Minnesota
- *Student must be pursuing a post-secondary education at either a two-year or four-year educational or vocational institution relating to the field of construction or related trades in the Summer or Fall of 2025.

*NARI MN members should note that at least one scholarship may be awarded to a NARI MN member's child

Selection Process

Applications will be reviewed, and a decision will be made no later than April 15th, 2025

Students will be selected based on the following:

- *Response to the essay question below
- *Participation and leadership in school and community activities and work experience.
- *Personal circumstances relating to need, this may include your Expected Family Contribution as indicated on your FAFSA, and Academic achievement

Notification

When possible, representatives of the NARI Cares Board will attend award events to make a formal presentation.

Once notified, students should submit their headshot via mail or email to:

NARI Cares – Scholarship Committee, 275 Market St, Suite 54, Minneapolis, MN 55405 or info@narimn.org



Fill out the following and complete scholarship requests on the second page of this application.

	Name
CARES	Email
Telephone	High School
Parent/Guardian Name(s)	
Graduation Date	'/
Schools/programs app	lied to (indicate if you have been accepted):
GENERAL ESSAY (res and student transcrip	ponse must be typed and no more than 250 words in length, attached to this application ot)
	thy candidate to receive this scholarship? How will you use this education training to ling industry? Have you had a difficult personal or academic challenge you have faced? ercome it?
ADDITIONAL REQUES	STS FOR THE APPLICATION:
*Please provi	de a brief description (in resume format) of:
o Your i	nvolvement in school activities
•	plunteer and work-related experience.
	and educational goals; and your personal need for scholarship funds.
•	de a current transcript. lete enclosed Media Release form in case you are chosen.
•	alendar: Should you be selected for a scholarship, you will be asked to participate and be
•	the NARI membership at the NARI Golf Event, July 15, 2025 at Prestwick Golf Club in
Woodbury, M	
Affidavit	
	_, attest by my signature below that I will be attending college/training program upon graduation will use the scholarship monies to assist in my education. Further, I agree to be contacted in the information.
Signature of Candidate	<u>. </u>
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Questions on the application can be directed to Beatrice Owen, NARI Cares MN via email <u>info@narimn.org</u> or phone (612) 332-6274



NARI Cares Media Release Form

I grant permission to NARI Cares and NARI Minnesota to use my image (photographs and/or video) for use in publications including, but not limited to videos, email blasts, recruiting brochures, newsletters, and magazines and to use my image in electronic versions of the same, or on their website or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of images.

Please check the paragraph below which is applicable to your present situation: ____I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. ____I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. Date: _____ Participant's Name (please print): Signature of parent or legal guardian (if under 20 years of age): Guardian Name (please print): ______