

**GREATER NEW ORLEANS BARGE FLEETING ASSOCIATION**  
**APPLICATION FOR SCHOLARSHIP**

I hereby apply for a GNOBFA Scholarship and submit the following information for consideration:

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

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

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Where Do You Plan to Attend Next Year:

School: \_\_\_\_\_

Office Name / Address / Department where checks are to be sent:

\_\_\_\_\_

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

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

Attendance Dates: \_\_\_\_\_ Tuition Cost: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

*Note:* \_\_\_\_\_

\_\_\_\_\_

*I certify that I intend to be a full time student at the school listed in this application. If granted a scholarship and I transfer to another school, any transfer of funds granted by a GNOBFA scholarship will be my responsibility.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Regular member companies ONLY are eligible to participate.  
Associate & Honorary member companies may not participate.**

This Scholarship is Based on the Regular Membership\* of an active GNOBFA member, as follows:

Regular Member Company: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

I certify that I am an active REGULAR member of GNOBFA & my company is in good standing with GNOBFA. *The student is declared as my dependent when filing my Federal Income Tax.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return your completed application & certificate w/transcript to:  
G.N.O.B.F.A. - Attn.: Scholarships, P.O. Box 355, Destrehan, LA 70047

**Applications WILL NOT be accepted AFTER JUNE 15th - NO EXCEPTIONS!!!**

**CERTIFICATE**

This certifies that \_\_\_\_\_ is a full time, payroll employee of \_\_\_\_\_, a regular member company\* of the Greater New

Orleans Barge Fleeting Association, in good standing. This certification is made concerning

\_\_\_\_\_ 's eligibility to participate in the G.N.O.B.F.A. Scholarship Program.  
(student's name)

<i>Is the Employee allowed by the Employer:</i>	<b>YES</b>	<b>NO</b>
<i>To Serve on a Committee of the Association?</i>	_____	_____
<i>To Attend GNOBFA Membership Meetings?</i>	_____	_____
<i>To Attend The GNOBFA Forum?</i>	_____	_____
<i>To Attend The GNOBFA Seminar?</i>	_____	_____

*Note:* \_\_\_\_\_

*Note: Delegates and Alternates  
Are listed on our Website  
<http://gnobfa.com/members.htm>*

\_\_\_\_\_  
(Voting Delegate or Alternate Signature)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE