NARI CARES MINNESOTA

2026 NARI Cares Scholarship Application

NARI Cares Minnesota is pleased to announce that \$1,000 scholarships will be offered to three people pursuing an education in trade related fields in the remodeling industry. The scholarships will be awarded in \$500 increments renewable for two semesters.

Applications will be accepted until March 30th, 2026. Interested applicants should email, snail mail or otherwise deliver their completed application, one-page essay, and transcript to: NARI Cares – Scholarship Committee, 275 Market Street, Ste 514, Minneapolis, MN 55405 info@narimn.org

Criteria

- *Resident of Minnesota
- *Applicants 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 school year of 2026.
- *NARI MN members should note that at least one scholarship may be awarded to a NARI MN family member.

Selection Process

Applications will be reviewed, and a decision will be made no later than April 15th, 2026

Recipients will be selected based on the following:

- *Response to the essay question below
- *Participation and leadership in school and/or community related 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 514, Minneapolis, MN 55405 or info@narimn.org



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

CAREC	Name
CARES	Email
Address	
 Telephone	High School
Signature of parent/legal guardian (if under 18 years of age)	
Graduation/GED Date	
Schools/programs appl	lied to (indicate if you have been accepted):
GENERAL ESSAY (respand student transcrip	ponse must be typed and no more than 250 words in length, attached to this application t)
	hy 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 provid	de a brief description (in resume format) of:
	nvolvement in community/school activities
•	lunteer and/or work-related experience.
	and educational goals; and your personal need for scholarship funds.
·•	de your most recent transcript. lete enclosed Media Release form in the event you are awarded a scholarship.
•	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 14, 2026 at Prestwick Golf Club in
Woodbury, M	
Affidavit	
2027 academic year, an	_, attest by my signature below that I will be attending college/training program during the 2026-id will use the scholarship monies to assist in my education/training. Further, I agree to be for testimonial information.
Signature of Candidate	

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 18 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 18 years of age): Guardian Name (please print):