APPLICATIONS MUST BE POSTMARKED NO LATER THAN 07-13-2021

PLEASE RETURN APPLICATIONS TO: New Jersey Gasoline, C-Store, Automotive Association Scholarship Committee 4900 Route 33 West, Suite 100 Wall Township, NJ 07753



APPLICANT IS SEEKING SCHOLARSHIP FOR (CHECK ONE OF THE FOLLOWING):

	ATTENDING AUTOMOTIVE TECHNICAL TRADE SCHOOL ONLY ATTENDING COLLEGE OR OTHER TRADE SCHOOL	
	PERSONAL INFORMATION	
NAME:		
ADDRESS	i:	
HOME PH	ONE:	
CELL PHO	NE:	
EMAIL AD	DRESS:	
SCHOOL F	PRESENTLY ATTENDING:	
PARENT/(GUARDIAN'S NAME:	
PARENT/0	GUARDIAN ADDRESS, IF DIFFERENT FROM APPLICANT'S:	
	GUARDIAN HOME PHONE:	
	GUARDIAN CELL PHONE:	
PARENT/(GUARDIAN EMAIL:	
SIBLING N	NAMES & AGES CURRENTLY ATTENDING COLLEGE (IF APPLICABLE):	

ACADEMICS

MAJOR/INTENDED COURSE OF STUDY:
CURRENT GPA
*PLEASE ATTACH OFFICIAL SCHOOL TRANSCRIPT WITH THIS APPLICATION:
CLASS RANK (IF KNOWN):
SCHOOL CLUBS/SPORTS INVOLVED IN & DATES OF PARTICIPATION:
EXTRACURRICULAR ACTIVITIES/COMMUNITY SERVICE & DATES OF PARTICIPATION:
ANY SCHOOL HONORS/ACADEMIC AWARDS & DATES RECEIVED:

FINANCIAL INFORMATION

FATHER/GUARDIAN OCCI	JPAIION:			
MOTHER/GUARDIAN OCC	CUPATION:			
PLEASE ENTER SCHOOL A	•		NATION IN THE TABLE BELOW	/ :
SCHOOL NAME	ACCEPTED? Y/YES N/NO DK/DON'T KNOW	EXPECTED TUITION PER SEMESTER	AMOUNT OF SCHOOL SCHOLARSHIP OFFERED (IF APPLICABLE)	DO YOU PLAN TO ATTEND? Y/YES N/NO U/UNDECIDED
EXPECTED GRADU TUITION COST PER	ATION DATE:			
WHAT AMOUNT OF YOUR	COLLEGE/TRADE T	UITION DO YOU E	XPECT TO FINANCE EACH SEI	MESTER?:
WHAT AMOUNT OF YOUR FINANCE EACH SEMESTE	•		PARENT/GUARDIAN EXPECT	то
DO YOU HAVE A PART-TIM AVERAGE WEEKLY	IE/SUMMER JOB?:_ INCOME:			
PLEASE LIST ANY OTHER *CAN BE ATTACHED ON S			RDS YOU ANTICIPATE RECEIV	/ING:
	P/AWARD NAME		AMOUNT	
		•		

ADDITIONAL APPLICATION INFORMATION/REQUIREMENTS

PLEASE INDICATE IN 200 WORDS OR LESS YOUR MAJOR FIELD OF INTEREST AND EDUCATIONAL GOALS IN COLLEGE/TRADE SCHOOL:
*CAN BE ATTACHED ON SEPARATE SHEET IF NECESSARY
ALL SCHOLARSHIP MONIES RECEIVED SHALL BE AWARDED DIRECTLY TO THE SCHOOL OF YOUR CHOICE
UPON RECEIPT OF COLLEGE ENROLLMENT.
APPLICANT SIGNATURE:
PRINT NAME:
DATE:
I HAVE READ AN APPROVE OF THIS APPLICATION
PARENT GUARDIAN SIGNATURE:
PRINT NAME:
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