# APPLICATIONS MUST BE POSTMARKED NO LATER THAN 06-08-2023

PLEASE RETURN APPLICATIONS TO:

New Jersey Gasoline, C-Store, Automotive Association Scholarship Committee

615 Hope Road

Building 2, 1st Floor

Eatontown, NJ 07724

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:

HOME PHONE: CELL PHONE:

EMAIL ADDRESS:

SCHOOL PRESENTLY ATTENDING: PARENT/GUARDIAN’S NAME: PARENT/GUARDIAN ADDRESS, IF DIFFERENT FROM APPLICANT’S:

PARENT/GUARDIAN HOME PHONE: PARENT/GUARDIAN CELL PHONE: PARENT/GUARDIAN EMAIL:

SIBLING 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 OCCUPATION: MOTHER/GUARDIAN OCCUPATION:

PLEASE ENTER SCHOOL APPLICATIONS/ADMISSIONS INFORMATION IN THE TABLE BELOW:

*\*CAN BE ATTACHED ON SEPARATE SHEET IF NECESSARY*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

IF YOU ARE ALREADY IN POST-HIGH SCHOOL EDUCATION:

NAME OF SCHOOL: EXPECTED GRADUATION DATE: TUITION COST PER SEMESTER: CURRENT SCHOLARSHIPS:

WHAT AMOUNT OF YOUR COLLEGE/TRADE TUITION DO YOU EXPECT TO FINANCE EACH SEMESTER?: WHAT AMOUNT OF YOUR COLLEGE/TRADE TUITION DO YOUR PARENT/GUARDIAN EXPECT TO

FINANCE EACH SEMESTER?:

DO YOU HAVE A PART-TIME/SUMMER JOB?: AVERAGE WEEKLY INCOME:

PLEASE LIST ANY OTHER FINANCIAL SCHOLARSHIPS OR AWARDS YOU ANTICIPATE RECEIVING:

*\*CAN BE ATTACHED ON SEPARATE SHEET IF NECESSARY*

|  |  |
| --- | --- |
| SCHOLARSHIP/AWARD NAME | AMOUNT |
|  |  |
|  |  |
|  |  |

WHAT ARE YOUR OCCUPATIONAL GOALS POST- COLLEGE/TRADE SCHOOL?:

# 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 AND APPROVE OF THIS APPLICATION

PARENT GUARDIAN SIGNATURE: PRINT NAME: DATE: