



**Brick Township Chamber of Commerce
Educational Foundation
Scholarship Application**

**OPEN TO ALL GRADUATING SENIORS OF THE BRICK TOWNSHIP HIGH SCHOOLS
AND
TO MEMBERS OF THE BRICK TOWNSHIP CHAMBER OF COMMERCE,
THEIR EMPLOYEES AND THE CHILDREN OF EITHER**

All scholarships are open to adults as well as graduating high school seniors and are for vocational as well as academic education.

Please attach to this application:

1. A copy of your high school or college transcript (if applicable).
2. Two letters of recommendation from guidance counselor/ teacher/ clergy/ coach/ employer.
3. An essay of approx. 500 words including your future goals and objectives and why you feel you deserve this scholarship. The essay should be double-spaced and typed.

Completed applications must be received by the Chamber of Commerce no later than April 13, 2018. Incomplete applications will not be considered.

Please check (√) all scholarships for which you would like to apply:

Please see page 3 for career specific scholarship award information.

- | | |
|------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> General Scholarship | <input type="checkbox"/> Architectural, Construction, Interior Design or Engineering |
| <input type="checkbox"/> Health-Related/Science/Math | <input type="checkbox"/> Business <input type="checkbox"/> Graphic Arts |
| <input type="checkbox"/> Law ⁵ | <input type="checkbox"/> Automotive |

(Circle one) I am, my father/mother/current guardian is a member, or the employee of a member.

Name of Member Business _____

I am a high school senior graduating in 2018 and/or a college student.

Name of high school or college _____

Guidance counselor's name & phone number _____

Applicant's Full Name _____

Street Address _____ City/State/Zip _____

Email _____ Home Phone _____ Date of Birth ___/___/___ Age _____

Father's Name (if applicant under 21) _____

Occupation _____ Company Name _____

Company Address _____

Status: Full-Time Part-Time Retired

Mother's Name (if applicant under 21) _____

Occupation _____ Company Name _____

Company Address _____

Status: Full-Time Part-Time Retired



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Brothers and/or sisters (if applicable):

Name(s)	Age(s)	Occupation or Grade in School

1. List special activities in high school/college (if applicable):

Activity	Advisor/Coach

2. List special activities, interests, or volunteer work in the community. Indicate name of organization/club, contact person, and telephone number.

3. Outline work experience history. List name of employer, supervisor's name, phone number, full/part time, and dates of employment.

4. If applicable: Unusual family circumstances you feel we should be aware of. (Example - single parent works evenings and you are responsible for sibling care.)

5. Name of college/technical school/continuing education program which you will be attending.

Course of Study: _____

6. Estimate total cost of school for one year you will be attending. Total cost should include tuition, room, board, and books. \$ _____

7. Please list any other scholarships and/or financial aid you will receive.



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8. Financial Data

My gross income for the past year: _____

Father's approximate gross income for the past year (if applicable): _____

Mother's approximate gross income for the past year (if applicable): _____

Guardian's approx. gross income for the past year (if applicable): _____

Total number of persons dependent upon family income: _____

Is there any financial difficulty in your family due to unusual circumstances? _____

If so, please explain.

9. Please note that all applicants and prior recipients are encouraged to re-apply each year that they are attending school and meet the eligibility requirements.

Have you ever received a scholarship from the Brick Township Chamber of Commerce? YES NO
If YES, year _____, amount received _____.

Please be assured that all information will be treated confidentially.

Certification

I have read the information in this application and state that it is true.

Applicant's signature

Date

Parent/Guardian signature (if applicable)

Parent/Guardian signature (if applicable)

Career Specific Scholarship Awards have been made possible by the generosity of:

Anthony Emma Memorial Scholarship donated by Encore Dental Associates

Princeton Dental Scholarship donated by Dr. Fred Nirschl ♦ Richard and Lisa Lau

Carolyn S. Kalson, Attorney at Law ♦ FASTSIGNS of Brick ♦ State Tire

Barlo, Governale and Associates Architects ♦ Wingman Planning ♦ SJG Private Wealth Management

Completed application including transcript(s), essay, and letters of recommendation must be received by the Brick Township Chamber of Commerce no later than Fri, April 13, 2018.

Please make sure that you have answered all questions.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.