



INSTRUCTIONS

Applications can be filled in online, but **must be printed and mailed as directed below.**

Each applicant will be considered for the Class of 1960 Memorial Scholarship administered by the Scotch Plains-Fanwood Scholarship Foundation based on scholarship requirements and eligibility. Applications are reviewed by a Screening Committee comprised of at least four Trustees from the Scholarship Foundation.

In addition to your completed Class of 1960 Memorial Scholarship 2019 Application, please submit the following supporting documents by May 8th:

1. **Parent/legal guardian's income documentation** (see Financial Need Verification Worksheet on page 7)
This includes copies of Federal form 1040, W-2(s), 1099(s), and Schedule K-1 (if applicable)
2. **Proof of U.S. citizenship**
A copy of your certified U.S. birth certificate, passport, naturalization certificate or certificate of citizenship
3. **A personal letter explaining:**
 - A. Reasons for requesting scholarship assistance
 - B. Goals and plans for the future
 - C. Interests and activities that you feel are significant in your life
 - D. Employment experience, including the use of earnings
If employment is through your family owned business, indicate whether compensation is received.
 - E. Any extenuating family circumstances or information (illness, expenses, job loss, etc.)
4. **One letter of reference**
One letter from a teacher, professor, employer or other significant adult (excluding relatives) should be mailed **directly** by the person selected to the address below and must be postmarked by May 8th.
5. **An official high school transcript including SAT and/or ACT scores**
You are responsible for requesting your official SPFHS transcript and SAT/ACT scores using the *Parent/Guardian Authorization for Release of Transcripts* form available in the Counseling Office.

Incomplete or unsigned applications may not be considered. All pages of the application must be submitted, please do not staple. Do not include pictures or additional materials in support of your application.

Once your application has been submitted, it is important to **check your e-mail regularly** for communication from the Scotch Plains-Fanwood Scholarship Foundation. Direct all inquiries to spfscholarshipfoundation@gmail.com.

Mail completed application, personal letter and copy of birth certificate after March 15th with adequate postage to:

Scotch Plains-Fanwood Scholarship Foundation, Inc.
Attention: Class of 1960 Memorial Scholarship Screening Committee
P. O. Box 123
Fanwood, NJ 07023

**APPLICATIONS AND ALL SUPPORTING DOCUMENTS (including transcripts) MUST BE
DOMESTICALLY POSTMARKED BY MAY 8, 2019 TO BE CONSIDERED.
Late applications will be returned.**



SCHOLARSHIP DESCRIPTION AND REQUIREMENTS:

The Class of 1960 Memorial Scholarship will be awarded to one SPFHS graduating senior attending Rutgers University the fall of 2019. Applicants must exhibit intellectual curiosity, the pursuit of knowledge and drive to excel in his/her studies, good character, school and/or community service and demonstrate financial need. The award will cover the complete cost of on-campus room, board and fees for four years. Upon graduation from Rutgers University, an additional amount equal to the 4th year award payment will be awarded.

In addition, the recipient must **agree** and **adhere** to all of the following requirements:

- Demonstration of financial need (including completion of the **Financial Need Verification Worksheet** - page 7)
- Attend Rutgers University beginning in the fall of 2019 **and** reside on Rutgers' campus for all four undergraduate years
- United States born or legally naturalized U.S. Citizen (copy of birth certificate, passport or naturalization certificate required)
- Maintain a 3.0 GPA for scholarship renewal each semester
- Once lost for any reason the scholarship will not be reinstated

APPLICANT INFORMATION (Print clearly in ink or fill in online at www.spfscholarshipfoundation.org)

Name _____ Home Phone _____

Street Address _____ Town _____

E-mail _____ Cell Phone _____

U.S. Citizen: Yes _____ No _____ Proof of citizenship submitted: Birth Certificate _____ Passport _____ Other _____

K-12 Education:

Elementary _____ Years _____ Middle School _____ Years _____

High School _____ Years _____

Rutgers University:

Accepted Pending Annual Tuition Cost Annual Room & Board Cost
 _____ \$ _____ \$ _____

Major _____

Applicant's Paid Employment Record for previous 4 years (include self-employment):

| | <u>Employer/Phone Number</u> | <u>Position</u> | <u>Dates</u> | <u>Hours Per Week</u> |
|----|------------------------------|-----------------|--------------|-----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

ACTIVITIES

List in order of importance to you, all co-curricular and extra-curricular activities, volunteer and service involvement, religious and community groups, offices held, honors and awards received. Do not include paid employment. **Duplicate this page if additional space is needed. Please do not reformat or submit a separate activities list or resume.**

| Activity/Awards | Gr. 9 | Gr. 10 | Gr. 11 | Gr. 12 | Position(s) Held | Level of Involvement and Accomplishments |
|-----------------|----------|-----------|-----------|-----------|---------------------|---|
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FAMILY INFORMATION

Parents/Legal Guardians:

| | <u>Father</u> | <u>Mother</u> | <u>Legal Guardian</u> (if applicable) |
|------------------|---------------|---------------|---------------------------------------|
| Name | _____ | _____ | _____ |
| Marital Status | _____ | _____ | _____ |
| Employer | _____ | _____ | _____ |
| Occupation | _____ | _____ | _____ |
| Current Position | _____ | _____ | _____ |

Please indicate if either parent is deceased: Father ____ year _____ Mother ____ year _____

With whom do you reside? Both Parents ____ Father ____ Mother ____ Other ____ specify: _____

Siblings:

Total number of children in the family _____

List all **dependent** brothers and sisters:

| | <u>Name</u> | <u>Age</u> | <u>School/College</u> | <u>Grade/Year</u> |
|----|-------------|------------|-----------------------|-------------------|
| 1. | _____ | | | |
| 2. | _____ | | | |
| 3. | _____ | | | |
| 4. | _____ | | | |
| 5. | _____ | | | |

Additional Dependents:

If other people depend on your parents for financial assistance, please provide:

| | <u>Name</u> | <u>Relationship</u> | <u>Address</u> |
|----|-------------|---------------------|----------------|
| 1. | _____ | | |
| 2. | _____ | | |

EDUCATIONAL FINANCING INFORMATION (must be submitted by **ALL** applicants)

Plan for financing 2019-2020 Rutgers University academic year:

| | Contribution toward: <u>Tuition</u> | <u>Books & Other Expenses</u> |
|-------------------------------|---|-----------------------------------|
| <u>Applicant (self-help):</u> | From Savings \$ _____ | \$ _____ |
| | From Earnings \$ _____ | \$ _____ |
| <u>Parent/Guardian:</u> | From Savings \$ _____ | |
| | From Earnings \$ _____ | |
| | From Other Sources \$ _____ | Specify Sources: _____ |
| | Total Family Contribution \$ _____ | |
| | Additional Funds Needed (if any) \$ _____ | |

Do you intend to file a Free Application for Federal Student Aid (FAFSA)? _____

Will you accept a Guaranteed Student Loan? _____

List the name and amount of **ALL** scholarships applied for other than those administered by the Scholarship Foundation:

1. _____
2. _____
3. _____
4. _____

Indicate the total dollar amount your parents/guardians have already contributed toward **YOUR** education (tuition, fees, room and board) and that of **ALL** siblings, including those no longer dependent. Do not include preschool or daycare expenses.

Total Educational Expenses \$ _____

List financial aid packages already received for the **upcoming 2019-2020** academic year:

Name of school(s) granting financial aid: _____

Scholarships \$ _____ Student Loans \$ _____

College Grants \$ _____ Work Study \$ _____

INCOME INFORMATION

Students applying for the Class of 1960 Memorial Scholarship administered by the Scotch Plains-Fanwood Scholarship Foundation must complete the **Financial Need Verification Worksheet** (page 7) and provide income documentation. Income documentation includes, but is not limited to: copies of the first two pages of both parents'/legal guardians' 2017 or 2018 Federal Form 1040, W-2(s), 1099 statement(s) and Schedule K-1 if applicable. **All tax documents will be viewed solely by the Scholarship Foundation President and Screening Committee Chairperson for the purpose of verifying financial need.**

REFERENCE

Indicate the person from whom you will be requesting **ONE** letter of reference. Select an adult (excluding relatives) who knows you well and with whom you interact often, preferably from an academic, working or service environment. Be sure to provide them with a stamped envelope addressed to the Class of 1960 Memorial Scholarship Screening Committee.

Name _____ Phone _____

Address _____

Email _____

This person is my:

Teacher ____ Professor ____ Employer ____ Coach ____ Club Advisor ____ Counselor ____ Other _____

SIGNATURES

The Screening Committee relies entirely upon the application and the materials requested in making their selection. Please be assured that all information will be kept in strictest confidence.

At least one parent or guardian must sign the application to validate the accuracy of the information submitted.

By signing this application, we certify that all the information reported is complete and correct. We further understand and agree that if awarded the Class of 1960 Memorial Scholarship, the undersigned applicant will adhere to the following terms:

- Attend Rutgers University **and** reside on Rutgers' campus for all four undergraduate years
- Supply proof of U.S. citizenship (a copy of certified U.S. birth certificate, passport, naturalization certificate or certificate of citizenship)
- Maintain a 3.0 GPA for scholarship renewal each semester
- Once lost for any reason the scholarship will not be reinstated

Applicant Signature (required) _____ Date _____

Parent/Legal Guardian Signature (required) _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

