

COLLEGE CLUB OF FANWOOD-SCOTCH PLAINS

SCHOLARSHIP APPLICATION

ACADEMIC YEAR 20 ____ - 20 ____

Eligibility criteria for scholarships offered by the College Club of Fanwood–Scotch Plains appear in the current LOCAL SCHOLARSHIP BOOKLET provided by and available in the Guidance Office of Scotch Plains-Fanwood High School. The assistance of parent(s) or guardian is suggested in helping the Applicant complete the application. Applications **must** be completed in full; incomplete/unsigned applications are **not** acceptable. The signatures of the Applicant and of a parent/guardian are required below to validate that the information provided is complete and accurate.

The decision on recipients is based **solely** on the application and the other materials requested. All information including financial data, academic performance, test scores, letter(s) of recommendation and the personal letter of the Applicant will be kept confidential.

ACADEMIC/OTHER RECORDS: Applicants should request a transcript from their High School Guidance Department (and College Records Department if presently attending college). Guidance Departments of local High Schools other than SPFHS and College Records Departments should **mail** the transcript to the Scholarship Chairperson, **to arrive** by the deadline date listed in the LOCAL SCHOLARSHIP BOOKLET.

PERSONAL LETTER: The Applicant must submit a personal letter with the application. It should include interests, hobbies, goals, special family circumstances (e.g., illness, job loss, unusual expenses, etc.) and why the applicant should be considered.

LETTER(S) OF RECOMMENDATION: A letter of recommendation is required from a Guidance Counsellor and/or a teacher (or professor, if Applicant is attending college). Additional letters (e.g., employers, clerics, scout leaders, etc.) are also accepted. All letters should be sent to the Scholarship Chairperson **by the deadline date** in the LOCAL SCHOLARSHIP BOOKLET.

ACTIVITIES: The Applicant should provide, on a separate page, a list of all activities in and out of school during high school and college years, including awards and honors received and offices held.

REMINDERS: Please read and complete the application carefully and in its entirety. Mail it, along with the personal letter, to the current Scholarship Chairperson (whose name and address appear in the LOCAL SCHOLARSHIP BOOKLET). All materials must be postmarked **on or before the stated deadline date**. Check the weight of the envelope at the Post Office to assure adequate postage. Material postmarked after the deadline date will not be accepted, nor will hand-delivered applications or those with postage due.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

COLLEGE CLUB OF FANWOOD-SCOTCH PLAINS
SCHOLARSHIP APPLICATION
ACADEMIC YEAR 20__ - 20__

PLEASE PRINT OR TYPE

Applicant's Name _____ Phone _____

Address _____ Town _____ Zip _____

Years in Community _____ High School Attended _____

Middle School _____ Elementary School _____

Current College and Year (if applicable) _____

Email address: _____

List **local** scholarships for which you are applying:

List **other** scholarships (Corporate/Business, College, Sorority, etc.) for which you are applying:

College(s) to which you have applied (or are currently attending); do not include rejections:

College	Accepted	Annual Cost (Tuition/Fees, Room/Board)
1.*		\$
2.		\$
3.		\$
4.		\$

*First Choice

What is your current or intended major? _____

Applicant's Name: _____

FAMILY INFORMATION

Parents: Married Separated Divorced
 Mother: Single Remarried Widowed Deceased
 Father: Single Remarried Widowed Deceased

With whom do you reside? Parents Mother Father Other*

*Name & Relationship _____

	Father	Mother	Other (Guardian)
Name			
Age			
Employer			
Occupation/Position			
Yrs. in Present Position			
Education (no. of yrs):			
High School			
College			
Graduate School			
Degree			

Number of children in family (including applicant) _____ List below dependent children only:

Name	Age	Present School/College	Grade
1.			
2.			
3.			
4.			
5.			
List other dependent children on the reverse of this page.			

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

Name	Relationship	Address
1.		
2.		
3.		
List others on the reverse of this page.		

Applicant's Name: _____

FINANCIAL INFORMATION

Income	Father	Mother	Other (Guardian)
Gross Annual Salary/Wages	\$ _____	\$ _____	\$ _____
Dividends & Interest	\$ _____	\$ _____	\$ _____
Pensions	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____
Combined Total Income:	\$ _____		

Who will contribute to your education? Father Mother Self Other: _____

Amount spent (tuition/fees, room & board) on **all** childrens' education (including nondependents):

Elementary	\$ _____	High School	\$ _____		
Middle School	\$ _____	College	\$ _____	Total	\$ _____

Amount of all scholarships and financial aid received by your family to date:

Scholarships (Local)	Name _____	\$ _____		
	Name _____	\$ _____		
(Other)	Name _____	\$ _____		
College Grants	\$ _____	Student Loans	\$ _____	
Work/Study	\$ _____	Other	\$ _____	Total \$ _____

APPLICANT'S EMPLOYMENT RECORD

Employer	Nature of Work	Dates	Total Earned	Amt. Saved
1.			\$ _____	\$ _____
2.			\$ _____	\$ _____
3.			\$ _____	\$ _____

Include self-employment. List additional employment experience on the reverse of this page.

Applicant's Name: _____

APPLICANT'S PLAN FOR FINANCING EDUCATION NEXT YEAR

Contribution	Applicant	Parent/Guardia	
College Cost (Tuition/Fees, Room/Board)			\$
From Earnings	\$	\$	
From Savings	\$	\$	
From Other Sources(specify)	\$	\$	
Totals:	\$	\$	
Total Family Contributions			\$
Additional Amount Needed			\$

Have you filed a Financial Aid Form for next year? Yes No

Will you accept a Guaranteed Student Loan? Yes No

*If, at this time, you have received a Financial Aid Package for next year from college, please complete the following information:

Scholarships	\$ _____	Student Loans	\$ _____		
College Grants	\$ _____	Work Study	\$ _____	Total	\$ _____

*If you receive a Financial Aid Package after submitting this application, please call the Scholarship Chairperson.

Note: The Committee may request page one of your parents' or guardians' Federal Income Tax Form. If no financial information is submitted, please attach a letter of explanation.