

BLAIRSTOWN HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION INSTRUCTIONS

Please send the following in one envelope:

- Completed application and essay
- Copy of high school grades
- Copy of parents' current income tax return verifying adjusted gross income

Please mail completed packet by April 15th. Recipient will be notified by May 15th.

Mail to:

Blairstown High School Alumni Association
Scholarship Committee
31 Hope Road
Blairstown, NJ 07825

BLAIRSTOWN HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT NEATLY

APPLICANT'S NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

BIRTH DATE _____

NAME OF ALUMNUS BY WHICH APPLICANT IS ELIGIBLE: _____
(Last) (First)

RELATIONSHIP TO APPLICANT: _____ YEAR OF GRADUATION: _____

FATHER'S (GUARDIAN) NAME _____
(Last) (First)

FATHER'S (GUARDIAN) OCCUPATION _____ ANNUAL INCOME _____

EMPLOYED BY _____

MOTHER'S (GUARDIAN) NAME _____
(Last) (First)

MOTHER'S (GUARDIAN) OCCUPATION _____ ANNUAL INCOME _____

EMPLOYED BY _____

OTHER INCOME _____

LIST SIBLINGS, AGES _____

NUMBER OF SIBLINGS WORKING _____ MARRIED _____ ATTENDING COLLEGE _____

WHERE _____

PAID POSITIONS YOU HAVE HELD DURING HIGH SCHOOL:

(Position)

(Date(s))

(Name(s) & Address of Employer(s))

WHAT HAVE YOU SAVED FOR COLLEGE EXPENSES? _____

DO YOU NEED FINANCIAL AID TO CONTINUE YOUR EDUCATION? _____

ARE YOU PLANNING TO WORK FOR PART OF YOUR EXPENSES? _____

EXPLAIN ANY EXTENUATING FINANCIAL CIRCUMSTANCES THAT MAY AFFECT YOUR APPLICATION: _____

CAREER CHOICE _____ APPROX. TUITION COST PER ACADEMIC YEAR _____

(OVER)

LIST ANY SCHOLARSHIP(S) ALREADY RECEIVED:

HAVE YOU BEEN ACCEPTED? _____ LIST SCHOOLS BELOW IN ORDER OF PREFERENCE:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

LIST ALL POST SECONDARY SCHOOLS TO WHICH YOU HAVE APPLIED:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

LIST BELOW YOUR ACTIVITIES (INCLUDE EXTRA-CURRICULAR SCHOOL ACTIVITIES AND PARTICIPATION IN COMMUNITY AND SOCIAL ORGANIZATIONS AND CHURCH ACTIVITIES, LISTING OFFICES HELD AND TITLES).

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE PAGE OR ATTACH DOCUMENT WITH ACTIVITIES LISTED.

STUDENT'S SIGNATURE _____ DATE _____

FATHER'S (GUARDIAN) SIGNATURE _____

MOTHER'S (GUARDIAN) SIGNATURE _____

PHONE NUMBER _____

SUBMIT YOUR COMPLETED APPLICATION WITH AN ESSAY DESCRIBING:

PARAGRAPH I YOUR CAREER GOALS, AMBITIONS AND ASPIRATIONS.

PARAGRAPH II WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP AND WHY YOU QUALIFY FOR THIS SCHOLARSHIP.

PARAGRAPH III EXPLAIN YOUR LEADERSHIP QUALITIES AND HOW YOU EXPRESS THEM.