

Scholarship Questionnaire

This form is designed to collect information about your background, interests, academics, and career plans. Your answers to these questions will be used only in connection with your application for the scholarship program and will be reviewed by an independent scholarship selection committee of education professionals. The completeness, neatness, and legibility of your replies will make the review of your credentials easier. Please TYPE or PRINT LEGIBLY using BLACK INK.

Type of Scholarship (check one):	☐ 4 Year College Degree	2-Year Associate Degree	☐ Vo/Tech Certificate
APPLICANT Legal Name			
Last		First	MI
Permanent Home Address			
Number and Street			
			Male Female
City		ate Zip Code	
Country (if different than United States)	E-Mail Address		
Telephone Number	Date of Birth	Social Secur	rity Number
	Month Day	Year	
EDUCATION Give the name and location of your l	high school.	Are you enrolled in college now? If yes, are you Part Time	_
School Name		What college do you attend or	plan to attend?
City	tate Zip Code		
Are you a high school senior?	Yes No	What is your planned course of	of study?
Enter your graduation date.			
Other than the high school named above, list Name of School	all schools that you attended in th Location (City		attended most recently first. Dates of Attendance
List special courses or programs you have ta Baccalaureate, data processing, electronics, e	etc.).		
Course or Program	Name of	School	Dates of Attendance
	<u> </u>		
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SCHOOL AND COMMUNITY ACTIVITIES

arts, Beta Club, Scouting, VICA, 4-H, etc.). Activity	Dates of Participation	Office/Position		ons, varsity or club sports, theater Awards or Honors	
List community agencies or organizations in whactivities, outreach programs, etc.).					
Name of Agency or Organization	Kind of A	ctivity	Dates of Participation	Hours Per Week	
List jobs (including summer employment) you l Job or Type of Work Em	nave held in the <i>last three years</i> ployer Summer		Dates of Employment	Hours per Week	
FAMILY INFORMATION Enter complete information about your family be	Plow				
zmer complete information about your runnity of	Father/Male	Guardian	Mother/Female	e Guardian	
Name					
Occupation/Title					
Employer's Name					
Parents' marital status: Married	d Separate	ed D	ivorced \[\]	Widowed	
	e(s)	Sister(s): Nu	mber Ag	ge(s)	

AUTHORIZATION/CERTIL Please review your responses, sign to release the information requeste	n your name below, and give to ed and certify that all informati	ion you entered on thi	s form is accurate a	nd true.	·	
NOTE: IT IS YOUR RESPON PROGRAM DEADLINE.	SIBILITY TO ENSURE TH	HAT YOUR SCHOO	OL RELEASES TH	IE REQUESTED INFOR	RMATION BY THE	
(Enter deadline date here:)				
Student's Name (Please Print)						
Student's Signature	Date					
SCHOOL INFORMATION						
NOTE FOR SCHOOL OFFICIA that <i>includes the senior year course</i> to assist with this scholarship applic	es being taken. If a school pr					
Student's Class Size	Studen	t's Class Rank		Student's GPA	•	
TEST SCORES: SAT Tes	st Date:		ACT Te	est Date:		
Math	Reading	Writing	Com	posite Score		
Please rate the level of difficulty o Most Difficult Abo	of the courses this student ha		Average			
EVALUATION Comparing this student to all others "Best" means: one of the three or fo				wing characteristics. Average	Weak	
Academic Ability						
Academic Performance						
Extracurricular Involvement						
Integrity						
Leadership						
Self-discipline						
Responsibility						
		Plea	ise make certain t	o include the transcript	<i>t</i> .	
Name & Title of School Official		Mai	l all scholarship r	naterials by the deadlin	ne date to:	
Signature of School Official 10 Woodbridge Woodbridge			Voodbridge Cente odbridge, NJ 070			
Date H	igh School Code	Attr	: James Arbes			
рак П	igh achour code					