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The Herb Stern Longport Educational Foundation, Inc.

**2020 Scholarship Application**

**APPLICATION GUIDELINES**

* Scholarships are open to any Longport resident graduating high school and planning to attend college or a school of higher education.
* Scholarships are also available for any Longport resident currently enrolled or who are planning to continue their higher education.
* Applications must be typed or hand-written (legibly!) in ink.
* Be sure to sign and date the application in the appropriate locations before submitting it for review.
* Staple the required attachments directly to your completed application:
* Most current transcript of your most recent grades
* SAT scores (or similar standardized tests) and date taken
* One letter of recommendation (optional)

**Your application may be rejected if submitted without these documents.**

* All completed applications must be printed and submitted to a Board Member -OR- the Longport Clerk by **April 15th, 2020**.   We do not accept emailed or incomplete applications.

**Applications (and the information included in them) are considered confidential and are only viewed by the Scholarship Committee**

**as part of the award deliberations.**

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The Herb Stern Longport Educational Foundation, Inc.

**2020 Scholarship Application**

**PART I: Applicant Information**

**Applicant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Residence:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Place of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Graduation Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II: Parent/Guardian Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Parent/Guardian #1** | **Parent/Guardian #2** |
| **Name:** |  |  |  |
| **Phone:** |  |  |  |
| **Email:** |  |  |  |
| **Employer:** |  |  |  |
| **Employer’s Address:** |  |  |  |
| **Occupation/Job Position:** |  |  |  |
| **Same residence as student?** |  | ⬜ Yes ⬜ No | ⬜ Yes ⬜ No |
| **If no, please enter here:** |  |  |  |

**Other Dependents:** Please list the names and ages of all brothers, sisters or other dependents in the home. Indicate the schools they are attending, any occupations, and whether they are living at home.

***EX:*** *Bobby – Brother – Age 7 – Second Grade at Ross School – Lives at Home*

**PART III: Academic Information**

Please list the schools you’ve applied to. Place a ✔ in the “Accepted” box if you’ve received an acceptance letter, and place a ✔ in the “Attending” box for the school that you are attending or planning to attend:

|  |  |  |
| --- | --- | --- |
| **Name of School** | **Accepted** | **Attending** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Courses/Career Objectives.** What course of studies do you intend to pursue? What are your career objectives once you finish schooling? Please tell us as much as you can about your school and career goals in the space provided.

**I anticipate** \_\_\_\_\_\_\_\_ **years of schooling** **to attain my degree/licensing/certification.**

**Distinctions & Academic Honors.** Please list any distinctions or academic honors you’ve received, both during your high school career or after:

**Extracurricular Activities.** Please list details regarding any extracurricular activities and offices held during or after your high school career:

**PART IV: Civic and Social Development**

**Civic/Volunteer Activities.** Describe any civic, fraternal or volunteer activities or positions you held outside of school during the past four years. If not apparent, describe duties.

**Employment History.** List and describe any paid employment you’ve held in the past four years in the table below. Please list the job position, employer, and the duration of your employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Job** | **Employer** | **Start Date** | **End Date** |
| ***EX:*** *Beach Tag Checker* | *Borough of Longport* | *May 2017* | *August 2017* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Anything Activities to Add?** If there is any information relative to your civic/social development that is not listed above and that you think is important for the Scholarship Board to consider, please feel free to attach one page describing your additional qualifications. ***A single letter of recommendation may also be submitted on your behalf (optional).***

**PART V: Other Considerations**

**Longport Scholarship Fund.** What is your reason for applying for the Longport Scholarship?

**Other Scholarships.** What other scholarships have you applied for? Have you already been awarded any? If yes, please indicate amount of the award.

**Other Considerations.** Is there anything else (illness, family situation) that would negatively affect family finances, increase the need for scholarship money help, or significantly impact your ability to attend the school of your choice? Please detail any information here that could be of assistance to the committee in making a final determination.

**PART VI: Financial Planning**

**School Savings & Anticipated Income**

|  |  |  |
| --- | --- | --- |
| **Source** | **Amount** | **Confirmed?** |
| ***EX:*** *Gift from Grandma* | *$500* | *Yes* |
| Assistance from Family |  |  |
| Employment Income (Student’s) |  |  |
| Prizes, Honors, Scholarships |  |  |
| Student Loans |  |  |
| Personal Savings |  |  |
| Student Work Program |  |  |
| Other (Please Describe):  |  |  |
| **TOTAL AVAILABLE:** | **$** |  |

**Anticipated School Expenses**

|  |  |
| --- | --- |
| **Anticipated Expenses** | **Amount** |
| Tuition (Per Year) |  |
| Room/Rent (Per Year) |  |
| Board/Meal Plan (Per Year) |  |
| Travel Expenses (Per Year) |  |
| Books, Lab Fees, Etc. (Per Year) |  |
| Other Expenses |  |
| **TOTAL ANTICIPATED EXPENSES:** | **$** |

**PART VII: Certification of Application**

**CERTIFICATION OF APPLICANT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Applicant Name), hereby certify that to the best of my knowledge and belief, the foregoing is true and accurate. I agree to submit further information, if required by the Longport Educational Foundation. I hereby consent to my school submitting additional information, if requested.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**CERTIFICATION OF PARENT OR GUARDIAN**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name of Parent or Guardian), hereby declare that I have read the answers of the applicant in the foregoing statement, and that they are correct to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature Date

*Submitted To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*