

USS New Jersey Veterans, Inc. Scholarship Application – Part 1

APPLICANT PERSONAL INFORMATION

NAME _____ DOB _____

ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

PHONE NO. _____ EMAIL _____

FATHERS NAME _____

PHONE NO. _____ EMAIL _____

MOTHERS NAME _____

PHONE NO. _____ EMAIL _____

APPLICANT SIGNATURE _____ DATE _____

USS NEW JERSEY VETERAN SPONSOR INFORMATION

VETERANS NAME _____

ADDRESS _____

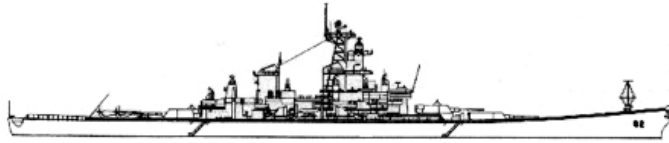
CITY _____ ST _____ ZIP CODE _____

PHONE NO. _____ EMAIL _____

YEARS SERVED ON USS NEW JERSEY, FROM _____ TO _____

RELATIONSHIP TO APPLICANT _____

IF VETERAN IS DECEASED, PROVIDE DATE OF DEATH _____



USS New Jersey Veterans, Inc.

Scholarship Application – Part 2a

HIGH SCHOOL _____

ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

YEARS ATTENDED: FROM _____ TO _____

SCHOLASTIC HONORS _____

EXTRACURRICULAR ACTIVITIES

HOBBIES AND INTERESTS _____

COMMUNITY ACTIVITIES _____

EMPLOYMENT EXPERIENCE _____

ARE YOU WORKING THIS SUMMER? _____ WHERE? _____

POSITION AND DUTIES _____

USS New Jersey Veterans, Inc.
Scholarship Application – Part 2b

COLLEGES YOU HAVE APPLIED TO _____

PLANNED MAJOR _____

COLLEGE/TRADE SCHOOL YOU HOPE TO ATTEND _____

HAVE YOU BEEN ACCEPTED? _____ WILL YOU BE ATTENDING? _____

IF YOU HAVE FORMALLY COMMITTED, PLEASE PROVIDE THE ADDRESS OF THE
BURSAR'S OFFICE AND YOUR STUDENT ID NUMBER, IF KNOWN. THIS
INFORMATION CAN BE PROVIDED AT A LATER DATE, IF YOU ARE SELECTED
FOR A SCHOLARSHIP.

BURSAR'S OFFICE _____

ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

STUDENT ID NUMBER: _____

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COMMITTEE USE ONLY

COMMITTEE MEMBER \_\_\_\_\_ APPLICANT RANKING \_\_\_\_\_

COMMITTEE MEMBER \_\_\_\_\_ APPLICANT RANKING \_\_\_\_\_

COMMITTEE MEMBER \_\_\_\_\_ APPLICANT RANKING \_\_\_\_\_

REMARKS \_\_\_\_\_

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