



**New Jersey Motor Truck Association's  
Scholarship Fund**

**TYPE OR PRINT ALL INFORMATION  
EXCEPT FOR SIGNATURES**

If the space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application. Do not repeat any information already reported on the application form.

**Application postmark deadline June 3, 2022**

**APPLICANT  
DATA**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apartment# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Date of Birth (Month/Day/Year) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**EMPLOYEE  
PARENT  
OR  
GUARDIAN  
INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ NJMTA Member Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ This applicant is a dependent of the employee  Yes  No

**HIGH  
SCHOOL  
DATA**

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_

**POST-  
SECONDARY  
SCHOOL  
DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names.

\_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

4 yr. College or University     2 yr. College     Vocational – technical school  
 Other, explain \_\_\_\_\_

Year in post-secondary program next school year:    1    2    3    4    5

Major or course of study \_\_\_\_\_ Anticipated date of graduation \_\_\_\_\_  
 Month    Year

**WORK  
EXPERIENCE**

Describe your work experience during the **past four years**. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company/Position    From-Month/Year    To-Month/Year    Hours per week

Company/Position	From-Month/Year	To-Month/Year	Hours per week

**ACTIVITIES  
AWARDS AND  
HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Indicate all special awards, honors and offices held. Separate high school from college activities.

Activity	No. of Years Partic.	Special Awards Honors	Offices Held	Activity	No. of Years Partic.	Special Award Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a statement of your plans as they relate to your educational and career objectives and future goals.

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

**TRANSCRIPT INFORMATION**

**1. Student currently or previously enrolled in college must** include all college transcripts of grades. (Completion of the following section is not necessary.)

**2. High school seniors and students who have completed less than one full quarter or semester** of post- secondary education **must** include a high school transcript of grades and have the following section completed by the appropriate school official. (A clear explanation of the school's grading scale must be submitted.)

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative unweighted grade point average \_\_\_\_\_/4.0 scale

Cumulative weighted grade point average \_\_\_\_\_/4.0 scale

PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT English \_\_\_\_\_ Math \_\_\_\_\_

School Telephone  
Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Number (\_\_\_\_\_) \_\_\_\_\_  
School Official's  
Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FINANCIAL DATA (REQUIRED)**

The employee should complete this portion of the application. Income and tax figures are from a completed and filed tax return for prior year. To be considered for an award, this section must be filled out completely.

State of Residence: \_\_\_\_\_ Total Income of Father: \$ \_\_\_\_\_

Adjusted gross income: \$ \_\_\_\_\_ Total Income of Mother: \$ \_\_\_\_\_

Total U.S. Income Tax Paid: \$ \_\_\_\_\_

Marital status of parent or guardian:  Married  Divorced  Separated  Widowed  Single

Total number of family members attending college at least half-time during the next school year, including applicant \_\_\_\_\_

**OTHER AWARDS**

Please list below the name and amount of any grants or scholarships you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICATION CHECKLIST**

**This application for a scholarship becomes complete and valid only when you have returned all of the following materials:**

- Student Application
  - Current Complete Transcript(s) of Grades (including grading scale) mailed to  
**NJMTA SCHOLARSHIP FUND**  
160 Tices Lane  
East Brunswick  
New Jersey, 08816-2083
- The student is responsible for submitting all materials to NJMTA on time.
- Postmark Deadline June 3, 2022**

**SELECTION OF RECIPIENTS**

NJMTA Scholarship Committee have sole responsibility for selecting recipients basing the decision on criteria as set forth in the program's descriptive letter. Decisions of the selection committee are final.

**CERTIFICATION**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes property of NJMTA.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_