



**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 May 22, 2015.

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APPLICANT DATA

NAME Last _____ First _____ Middle Initial _____

PERMANENT HOME ADDRESS Number _____ Street _____ Apartment# _____

MALING ADDRESS City _____ State _____ Zip Code _____

DATE OF BIRTH Month _____ Day _____ Year _____ Phone (_____) _____

Social Security Number _____

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____

Job Title _____ NJMTA Member Company _____

Address _____ City _____ State _____

Work 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-Mo/Yr	To-Mo/YR	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) 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 May 22, 2015

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 _____