New Jersey Motor Truck Association Scholarship Fund

The Program
The NJMTA established the New Jersey Motor Truck Association Scholarship Fund to assist the children of New Jersey employees of NJMTA members who seek to pursue a college education at an accredited two-year or four-year college or university or at an accredited vocational/technical institution.

Scholarships are made on academic potential, financial need and unusual circumstances without reference to race, creed, gender, disability, religion or national origin.

Eligibility
Applicants must be New Jersey residents who are dependent children, age 23 and under, of full-time New Jersey based employees of a NJMTA member, in good standing. The member company must have a minimum of six months membership with NJMTA. Membership status can be checked by contacting NJMTA at 732-254-5000.

*Dependent children are natural and legally adopted children or stepchildren living in the employee's household or primarily supported by the employee.

Awards
There will be three (3) $1,000 scholarships awarded. Awards are for undergraduate study only.

Application
Interested students must complete the attached NJMTA Scholarship Fund Application for the next academic year and mail to NJMTA, 160 Tices Lane, East Brunswick, NJ 08816, along with current transcript of grades, post marked no later than May 25, 2020. Recipients will be notified in July.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, it is important to answer all questions as completely, as possible. All information received is considered confidential and is reviewed only by the scholarship committee and NJMTA staff. Incomplete applications will not be considered.

Selection
The final selection of recipients is made by the NJMTA Scholarship Committee. The committee will evaluate all applications on the basis of past educational performance and future potential, work experience, statement of career and educational aspirations and goals, leadership and participation in school and community activities. Unusual circumstances and financial need will be given careful consideration. Anyone who serves on the Scholarship Committee agrees that their family members will not be eligible to participate in the program.

Payment of Awards
The award check will be mailed directly to the school in the student's name.

Questions
Students or employees having questions should contact:

Jennifer Blazovic
New Jersey Motor Truck Association
160 Tices Lane, East Brunswick, NJ 08816
Phone: 732-254-5000 • Fax: 732-513-1745
Email: jblazovic@njmta.org
New Jersey Motor Truck Association 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 25, 2020

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APPLICANT DATA

NAME Last ____________________________ First ____________________________ Middle Initial ____________

PERMANENT HOME Number ____________________________ Street ____________________________ Apartment # ____________

MAILING 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 ____________________________

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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
Official’s Signature _______ Date _______ Title _______ Telephone _______

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)

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 25, 2020

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 _______