Community Foundation of New Jersey

Simon Scholar 2015

The purpose of the William E. Simon Scholarship is to provide meaningful financial assistance to deserving students from the Morristown area who have demonstrated financial need and who will be attending a private high school in the Morristown area. Suggested high school enrollment includes: Academy of the College of St. Elizabeth, Delbarton School, Morris Catholic High School, Seton Hall Preparatory School, St. Benedict’s School, Villa Walsh High School, Newark Academy, The Pingry School, Morristown-Beard School, and Kent Place School. Applicant must show letter of acceptance into a school and will be entering his/her freshman year of high school (9th grade) in September 2015. ***Preference will be given to residents of Morristown, New Jersey.***

**2015 Estimated Award: Two or three scholarship awards valued between $8,000-$12,000 annually.** Scholarships will be awarded based on need and merit. *Student will be designated as a Simon Scholar.* Scholarship is renewable for an additional three (3) years contingent upon the student maintaining a 2.5 GPA or better. Student will be required to submit a letter of request for subsequent payments each year verifying that the student continues to be enrolled in school and continues to meet all eligibility requirements.

*All scholarship awards are made payable to the student’s high school. Scholarship aid from the Community Foundation of New Jersey is conditioned on the school the student will attend agreeing that the aid should be applied to the student’s unmet need first.*

*Scholarship is contingent upon the availability of funds at any given time.*

1. **Student General Information:**

Legal Name of Applicant (first middle last)

Home Address

City State NJ

Home Phone Last 4 digits of SSN XXX-XX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone Email

Candidate for Grade Current Grade

Age Date of Birth Birthplace

**Are you a legal resident of Morris County, New Jersey? Yes No**

**Citizenship:** U.S. Citizenship

 Permanent Resident Alien Non-Resident – type of visa:

**Gender:** Female Male

**Ethnicity:** African American/Black Hispanic/Latino

 Asian/Pacific Islander White (not of Hispanic origin)

 American Indian/Alaskan Native Other (specify)

**With whom does the applicant live?**

\_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_\_\_ Other (Guardian)

**Parents are (check if applicable)**

\_\_\_ Married \_\_\_ Separated \_\_\_ Mother Deceased \_\_\_ Father Deceased

 \_\_\_ Divorced \_\_\_ Mother Remarried \_\_\_ Father Remarried

**Mother’s Full Name (first middle last)**

Occupation/Title

Mother’s Employer

Address of Employer

City, State, ZIP of Employer

Business Phone

Cell Phone

Email Address

**Father’s Full Name (first middle last)**

Occupation/Title

Father’s Employer

Address of Employer

City, State, ZIP of Employer

Business Phone

Cell Phone

Email Address

OR

**Guardian’s Full Name (first middle last)**

Occupation/Title

Father’s Employer

Address of Employer

City, State, ZIP of Employer

Business Phone

Cell Phone

Email Address

**No. of Household Members**

**List names, ages and schools of all brothers and sisters.**

|  |  |  |
| --- | --- | --- |
| Name | Age | School & Cost |
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1. **Financial Overview**

*Family Assets* Total Balance in Cash, Savings, Checking: $

 Net Worth (value minus debt) of investments

 Including real estate: $

 Other sources of income $

 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Total Family Assets:* $

*Family Gross Annual Income*

 Father/Guardian $

 Mother/Guardian $

 *Total Family Gross Income:* $

***Financial Overview continued….***

*Estimated Annual Family Expenses*

Mortgage/Rent $

 Medical Expenses (not paid by insurer) $

 Child Care/Day Care: $

 Other annual expenses:

 Please specify: $

 Please specify: $

 Please specify: $

 Please specify: $

 *Total Family Expenses :* $

**Name of Present School**

Address

City State NJ

Dates of Attendance

**High School you will be entering in Fall 2015**

Address

City State NJ

**Person responsible for payment of tuition:**

\_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_\_\_ Other (Guardian)

Cost of Attendance (including all mandatory fees): $

Anticipated Parental Contribution: $

Anticipated Student Contribution: $

Will you be receiving financial aid from the high school? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*\*\*Copies of all financial aid letters must be included with this application.**

**Please list any scholarships/grants/loans that you have been awarded or are pending for the 2015-2016 academic year as well as the amount of each award. Please include any other outside scholarships or awards.**

|  |  |  |
| --- | --- | --- |
| Scholarship Award | Amount Per Year | StatusPending/Confirmed |
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**Applicant Resume**

**Awards and Honors**

In order of importance to you, list awards and honors you have received during the past three years and briefly explain their significance. **No attachments please.**

|  |  |  |
| --- | --- | --- |
| Awards/Honors | Significance | Date Received |
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**School Activities**

In order of involvement/importance to you, please list the top five extra-curricular activities you have participated in during the past three years of middle school, e.g. clubs, student government, sports, music, drama, etc. **No attachments please.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Grade(s) and dates of participation | Honors and/or positions held – Circle either elected (E) or appointed (A) | Hours Per Month | Reference/Telephone |
| 1) |  | E/A |  |  |
| 2) |  | E/A |  |  |
| 3) |  | E/A |  |  |
| 4) |  | E/A |  |  |
| 5) |  | E/A |  |  |

**Community and Volunteer Involvement**

In order of involvement/importance to you, please list the top five community or volunteer extra-curricular activities you have participated in during the past three years of middle school, e.g., nonprofit organizations, scouts, 4-H, and religious activities. **No attachments please.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Grade(s) and/or dates of participation | Honors and/or positions held – Circle either elected (E) or appointed (A) | Hours Per Month | Reference/Telephone |
| 1) |  | E/A |  |  |
| 2) |  | E/A |  |  |
| 3) |  | E/A |  |  |
| 4) |  | E/A |  |  |
| 5) |  | E/A |  |  |

**Work Experience**

List your paid work experience beginning with your most recent position.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Nature of Work | Dates | Hours Per Week | Reference/Telephone |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |
| 4) |  |  |  |  |
| 5) |  |  |  |  |

**Student Questionnaire (Required):** Please answer the following five (5) questions on a separate sheet of paper and include with your application. Please be sure to put your name and last 4 digits of SSN on the top of the page.

1. How would your friends describe you?
2. Tell us about your favorite teacher. What made his/her class so special?
3. Tell us about a memorable event or activity that you participated in over the past year?
4. What do you enjoy most about school? What do you find most challenging about school?
5. How do you feel about changing schools?

**Personal Statement:** You may use the space below to explain any compelling circumstances or factors which you feel warrant special attention, including unusual personal, family or financial circumstances or challenges.

**Required Supplemental Materials – Please submit the following with your application.**

* Student Questionnaire Answer Sheet
* Acceptance letter from high school.
* Transcript from grades 6, 7, 8
* Copies of all financial aid letters must be included with this application.
* Two Letters of recommendation
	+ One letter from a current or previous year’s teacher, principal or guidance counselor.
	+ One letter from outside the school community (e.g. athletic coach, music teacher, Scout Leader, faith institution)
* Parent’s 2014 Federal Income Tax Return

**Certification (Required Signatures)**

I declare that I have met the eligibility requirements for the scholarship program indicated on the first page of this application form. I further declare that all statements made on this application form or in conjunction with this application form are my own and are accurate and true.

Student’s Signature:

Parent’s Signature:

*Please make certain to review the specific eligibility criteria provided in the overview.*

*Your application will not be considered if you fail to satisfy eligibility criteria.*

**Application Deadline: Must be postmarked by May 11, 2015**

Please mail application to: Community Foundation of New Jersey

 Simon Scholarship

 Post Office Box 338

 Morristown, NJ 07963-0338