

NEW JERSEY GOVERNMENT FINANCE OFFICERS SCHOLARSHIP FUND -2010

Date of Application _____ Academic Year 20__ to 20__

Applicant's Name _____

ALL INFORMATION GIVEN IN THE APPLICATION IS CONFIDENTIAL

Address _____ Phone # _____

Present School _____ Date of Graduation _____

Father or Guardian

Name: _____ Age: _____

Employer: _____ Occupation: _____

Position: _____

Marital Status: () Married () Separated () Divorced () Deceased

Mother or Guardian

Name: _____ Age: _____

Employer: _____ Occupation: _____

Position: _____

Marital Status: () Married () Separated () Divorced () Deceased

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List below all brothers and sisters:

NAME AGE NAME OF PRESENT SCHOOL,

COLLEGE OR OCCUPATION

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If any of your brothers or sisters attend private elementary or secondary schools, indicate:

1. Parents= Financial Obligation \$ _____
2. Scholarship Assistance \$ _____

Indicate total amount of money (tuition, fees, room and board) your parents have already contributed to the higher education of brothers and sisters:

Total Amount \$ _____

Was (or is) scholarship assistance given () Yes () No If Yes, Total Amount \$ _____

Indicate other dependents:

NAME RELATIONSHIP ADDRESS

1. _____
2. _____

GROSS ANNUAL INCOME

Father's Total Income (from employment) \$ _____

Mother's Total Income (from employment) \$ _____

Income From Other Sources:

Dividends, Interest and Bonuses \$ _____

Alimony \$ _____

Pensions and Social Security \$ _____

Child Support \$ _____

Other \$ _____

Total of the Above \$ _____

NOTE: The Screening Committee reserves the right to request page 1 of the Federal

Income Tax Form

COLLEGES OR INSTITUTIONS APPLIED TO:

Name of College or Institution Accepted Rejected Have Not Heard

1st Choice _____ () () ()

2nd Choice _____ () () ()

3rd Choice _____ () () ()

4th Choice _____ () () ()

Prospective Major _____

Course Duration _____

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ESTIMATED EXPENSES FOR THE NEXT YEAR AT YOUR 1st CHOICE

Name of Institution or College _____

1. Tuition and Fees \$ _____

2. Room and Board \$ _____

3. Transportation \$ _____

. Books and Supplies \$ _____

5. All Other \$ _____

Total Expense \$ _____

PLAN FOR FINANCING

First Year Second Year Third Year Fourth Year

Student Savings \$ _____ \$ _____ \$ _____ \$ _____

Summer Earnings

Anticipated \$ _____ \$ _____ \$ _____ \$ _____

School Year Earnings

Anticipated \$ _____ \$ _____ \$ _____ \$ _____

Assistance from Parents or Guardians:

1.Savings \$ _____ \$ _____ \$ _____ \$ _____

2.Earnings \$ _____ \$ _____ \$ _____ \$ _____

Other Sources or Loans \$ _____ \$ _____ \$ _____ \$ _____

Renewable Scholarships

If Applicable \$ _____ \$ _____ \$ _____ \$ _____

Total Resources \$ _____ \$ _____ \$ _____ \$ _____

Additional Amount Needed

For Year of Application \$ _____ \$ _____ \$ _____ \$ _____

OTHER SCHOLARSHIPS OR AID

*List all, other than local, scholarships or aid applied for:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

*You are requested to notify the Scholarship Committee Chairperson immediately upon your receipt of any other award made to you or upon your receiving notice of any such award including college financial aid packages. Failure to do so might jeopardize your chance for favorable consideration by the Committee or might result in the withdrawal of any scholarship to you.

FINANCIAL AID FORM (FAF)

Have you filed a Financial Aid Form? () Yes () No
If Yes, please attach a copy.

REFERENCES

Please list names, addresses and phone numbers of three people to whom the Screening Committee can refer. In what capacity have they known you? Include a letter of recommendation from one teacher or, if you are a college student, a letter from one professor or instructor. Letters of recommendation should reach the scholarship committee by the same deadline as application.

Name: _____ Capacity: _____

Address: _____ Phone: _____

Name: _____ Capacity: _____

Address: _____ Phone: _____

Name: _____ Capacity: _____

Address: _____ Phone: _____

PERSONAL LETTERS

Include with this application a personal letter telling why you want to further your education, why you chose the particular institution that you did; what vocation you plan to pursue; what factors influenced your choice; your favorite school subject, your interests, abilities and hobbies. Tell how you have used any money you have earned. Refer to special family circumstances (such as uninsured, unusual medical costs, or loss of job) or anything else of interest which would support your application.

ACADEMIC RECORDS

Please request the Guidance Office or the College Registrar to forward a transcript of your records (including SAT scores) directly to the Scholarship Chairperson. If you are in college and applying for the first time, please submit a high school transcript as well.

The Screening Committee Relies completely upon the application and the materials requested herein. It is requested that a parent or guardian sign this application after reading it and in so doing declare the information to be true and correct to the best of his/her knowledge. Be assured that this information will be kept in the strictest confidence.

Signature of Applicant Verified by: Signature of Parent or Guardian

TEST FOR QUALIFICATION:

1.

Are you a child of a deceased or disabled mother or father who worked in government

(a) yes or (b) no

2.

Are you enrolled in an accredited college or university, or have you been accepted by an accredited college or university? (a) yes or (b) no

3.

Does your Annual Gross Income reported on Page 3 of this application match page 1 of the respective Federal Income Tax Form(s)? (a) yes or (b) no If the answer is yes to all three questions, then continue to fill out and submit application.

PLEASE NOTE THE FOLLOWING:

Grants shall be made to children of deceased or disabled persons who have worked in government. There are no restrictions or limitations based on race or employment status of the prospective recipient or any relative of the prospective recipient. The number of eligible individuals is not estimable at this time, however, the population includes employees of 566 municipalities and 21 counties in New Jersey in addition to other state, federal, local employees and agencies thereof.

Government Employment includes: All State, Federal, County, Municipal, Authorities, Utilities and School Employees (Teachers and Administrative Staff included).

RETURN COMPLETE APPLICATION TO:

GFOA Scholarship

Ross Versaggi, CFO
City of North Wildwood
901 Atlantic Avenue
North Wildwood, NJ 08260
Deadline: April 30, 2010