

Barnegat High School Class of 2024

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BARNEGAT TOWNSHIP SCHOOL DISTRICT SCHOLARSHIP APPLICATION

Barnegat High School / OCVTS Career Academies (MATES, GPAA, ALPS) students may apply.

PERSONAL INFORMATION (Please fill in all requested information.)

LAST NAME	FIRST NAME	
MAILING ADDRESS		
HOME PHONE	CELL PHONE	
EMAIL ADDRESS		

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.

COLLEGE INFORMATION

1.	Name of the	ne College/I	University y	ou plan on	attending:
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City & State for the College/University:

2. 4 YR. _____ 2 YR. _____ NJ STARS _____

3. Name and location of business/technical/other college you plan on attending:

4. What will be your major course of study in college? ______

FINANCIAL INFORMATION

- 1. Do you receive Free or Reduced Lunch?
- Has the College/University promised you any scholarships (i.e.; athletic/academic/need based/other)? If so, how much money does the college/university intend to give you each academic year?

SCHOOL INFORMATION

1. Which elementary school did you attend? (List the number of years attended)

 LMDS
 CSCS
 JTDS

 RLHS
 OTHER

- 2. Did you attend ROBMS? Yes ____ No ____
- 3. How many years have you attended Barnegat High School?
- 4. <u>Activities Summary</u>: Please attach your Summary Sheet of School Activities.
- 5. **Community Activities:** Please attach your Community Activities Summary Sheet.
- 6. Please write an essay telling us about yourself, your future goals, your accomplishments, any financial hardships, and anything else that would help us get to know you.

(Please attach a typed essay no more than one page.)

In signing below, I understand that the information contained on this application may be shared with the appropriate scholarship donors and providing false information will disqualify me from any and all scholarships. I also understand that I must return any monies I receive to the donating organization in the event that I do not enroll in college by **Fall**, **2024**. The procedure for distribution of monies is up to the discretion of the Donor and the Barnegat High School Scholarship Committee.

Date:_____

Student Signature:_____

In signing below, I certify that I have reviewed my child's application and the information provided is accurate.

Date:_____ Parent/Guardia

Parent/Guardian Signature: