

"Edwin M. Barton" Scholarship

Deadline: April 23, 2021.

SCHOLARSHIP APPLICATION REQUIREMENTS:

- ⇒ Attends an Elizabeth Public School
- ⇒ GPA of 3.0 or better
- ⇒ Admitted to a 4-year New Jersey State College/University
- ⇒ Attended Major: Education
- ⇒ Served in a leadership role during High School

Scholarship Information:

The scholarship recipient will receive a 4 year renewable scholarship to attend a New Jersey State College/University to pursue a degree in Education. The student is responsible for maintaining a minimum Grade Point Average of 3.0 and membership within the school's education department . The scholarship recipient will be held responsible for submitting an official transcript to the scholarship committee at the end of every academic year. Additionally, no later then the conclusion of their second academic year will need to produce a letter stating their acceptance to their school's College of Education. Not following any of the pervious mentioned requirements will result in the forfeiting of the scholarship.

APPLICANT INFORMATION

Name: _____

Street Address, City, State, Zip Code: _____

Telephone Number: _____

Date of birth: _____ Place of birth: _____

School Attending: _____

School Counselor Name and Phone Number: _____

FAMILY INFORMATION

Please provide the following information. Complete all questions

	Father / Guardian	Mother / Guardian
Name		
Home address		
Telephone		
Occupation/ Employer		

Is either parent deceased?

☐ Yes

☐ NO

If YES, which one? _____

How many siblings do you have?

Are any siblings currently enrolled in a college/university?

☐ YES

☐ NO

If YES, list names and college/universities:

How many dependents live in your home?

HIGHER EDUCATION PLANS

Please list which New Jersey State Colleges/Universities have you applied:

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

Please list which New Jersey State Colleges/Universities you have been accepted too:

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

Which college will you attend?

1. _____

Will you be: ☐ Dorming or ☐ Commuting?

FINANCIAL

(All applicants will be required to submit financial aid award letters with their applications.)

List all sources from which you have received financial aid, scholarships, grants (not loans).

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES AND/OR EMPLOYMENT

(ATTACH EXTRA SHEETS if necessary)

Please list all extracurricular activities both inside and outside of school, i.e. clubs, athletic activities, volunteer activities. If you are an officer of any activity, please indicate.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Are you employed? ☐ YES ☐ NO

Name of employer: _____

Position: _____

Number of hours worked per week: _____

REFERENCES

Please list two references.

Give names and telephone numbers. One must be from outside of school. Indicate who they are (i.e. teacher, counselor, employer, coach, scout/club leader). Do not use relatives.

Attach letters of reference to this application.

1. _____ Reference Letter Attached ☐

2. _____ Reference Letter Attached ☐

MISCELLANEOUS

(IF APPLICABLE)

Please give any further information that you feel has a bearing on this application.

ESSAY

Attach an essay of no more than 500 words on one of the following topics (CHOOSE ONLY ONE):

- Why I want to be a teacher? ☐
- How has a teacher impacted my life? ☐

AGREEMENTS, AUTHORIZATIONS, SIGNATURES

In applying for this scholarship, I understand that any award made will be granted only as a credit against the expenses, including tuition fees, books, supplies, and the equipment to be used in furthering my education, in compliance with the Internal Revenue Code and Rulings. If additional funds are required for ancillary items, a written request must be made to the Scholarship Trust requesting the allocation of monies.

In the event that other scholarship monies are awarded to the student which equal or exceed all institutional expenses and tuition, the Scholarship Committee reserves the right to designate the scholarship funds to other areas for the student's education in accordance with the Internal Revenue Code and Rulings.

It is my responsibility to provide the Scholarship Fund the name of the college I will attend and the address and telephone contact information for the college bursar's office so that payment may be made.

I hereby grant permission to the fund to receive and evaluate all my academic and other records provided to them directly or from school authorities. I further agree to make financial information available to the fund if requested.

BY SIGNING, I CONFIRM THAT ALL NECESSARY INFORMATION IS INCLUDED, ALL REQUIREMENTS HAVE BEEN MET AND ALL NECESSARY SIGNATURES ARE HERE.

Signature of applicant: _____

THIS APPLICATION REQUIRES THE SIGNATURE OF FATHER, MOTHER OR GUARDIAN AFFIRMING KNOWLEDGE OF THIS APPLICATION.

Signature of parent / guardian: _____

Scholarship aid is offered annually to students who are graduates of Elizabeth High Schools and at the time of this application, are residents. This application is for the exclusive use of the Scholarship Committee. All information will be held in strict confidence. Contact your Guidance Office if you have any questions while completing this application.

It should be understood that after all applications are reviewed, scholarships will be awarded at the sole discretion of the "Edwin M. Barton" SCHOLARSHIP FUND

STUDENT APPLICATION CHECKLIST

Initial the checklist to confirm that the following items are included in the application package.

******(Attach all required materials to completed application using the following list as a guideline.

____ *Completed (Typed) and signed application*

____ *Two Letters of Recommendation*

____ *Essay (NO MORE THAN 500 WORDS)*

____ *Official Transcript*

____ *Copy of SAT/ACT Scores*

____ *Copy of Academic Personal Resume*

____ *Letter of Acceptance to NJ State College/University*

____ *Financial Aid Award Letter from attended School of enrollment*

To be completed by School Official

STUDENT'S CURRENT CLASS RANK (entered by Counselor / Counselor MUST initial)

STUDENT'S CURRENT GPA (entered by Counselor / Counselor MUST initial)

ATTN.: SCHOOL COUNSELOR

Please review checklist to confirm that the all items are included in the application package and you have reviewed the application.