

SCHOLARSHIP APPLICATION

Completeness ensures your application will be reviewed properly. Application deadline is May 16, 2025.

APPLICANT DATA				
Last Name:	First Name:	Middle Initial:		
Mailing Address:				
City:	State:	Zip/Postal Code:		
Telephone:	Email Addres	Email Address:		
Parent(s) Name:				
Parent(s) Phone Number:				
	School Seniors and/or Incoming Fresh	nmen Only)		
High School Name:	Ехре	Expected Graduation Date:		
Current Weighted Grade P	oint Average:			
Test Scores: SAT Score (Crit	tical Reading & Math Sections Only)	ACT Score:		
Intended Major:				
	.C. A&T SU or College Transfer Studen	ts only)		
College/University Name		Expected Graduation Date		
Current Grade Point Avera	ge: Major:			

WORK EXPERIENCE (Use additional space as needed)

Describe your work experience during the past four years. Indicate dates of employment for each job and approximate number of hours worked each week.

EMPLOYER	POSITION	Start - Month/Year	End - Month/Year	Hours Per Week

ACTIVITIES, AWARDS AND HONORS (Use additional space as needed)

List all extracurricular activities (in and outside of school) in which you have participated during the past four years (e.g. student government, music, sports, volunteer work, scouts, etc.). Indicate all special awards, honors, and offices held.

ACTIVITY	# of Years	Special Awards/Honors	Office Held

GOALS AND ASPIRATIONS

Describe your future as it relates to your education, career objectives, and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICATION CHECKLIST

The applicant is responsible for submitting all materials to the New Jersey Alumni Chapter Scholarship Committee by May 16, 2025. Incomplete applications will not be evaluated. This application becomes complete and valid only when all the following materials have been received:

Completed Scholarship Application

- □ Current High School Transcript (High School Seniors and/or Incoming Freshman only)
- □ Current College Transcript (Current N.C. A&T SU or College Transfer Students only)

□ 3 letters of recommendation (non-relative)

CERTIFICATION

The New Jersey Alumni Chapter has the sole responsibility for selecting scholarship recipients based on criteria as set forth in the program's description. This application becomes the property of the New Jersey Alumni Chapter.

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any award granted.

Applicants Signature _____

Date_____