



Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ (Town, State, Zip Code)

E-mail address: \_\_\_\_\_

Father's (Male Guardian) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment (Workplace): \_\_\_\_\_

Mother's (Female Guardian) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment (Workplace): \_\_\_\_\_

Are you a child of an NJSBGA State or Local Chapter Officer, Board Member, Member, or Representative?  YES  NO

If YES, please provide the name and position: \_\_\_\_\_

Financial Need: - Please indicate your family's adjusted gross income from their last filed tax return:

Under \$15,000	_____	\$45,000 to \$60,000	_____
\$15,000 to \$20,000	_____	\$60,000 to \$75,000	_____
\$20,000 to \$25,000	_____	\$75,000 to \$90,000	_____
\$25,000 to \$35,000	_____	\$90,000 to \$105,000	_____
\$35,000 to \$45,000	_____	\$105,000 to \$120,000	_____
Over \$120,000	_____		

Total number of family members living at home: \_\_\_\_\_

Number of dependent children at home: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of dependents attending college/post-secondary, including yourself: \_\_\_\_\_

Other financial considerations, which need to be noted:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

*Applications and attachments are to be paper clipped together (**no staples please**).*

**2022 NJSBGA SCHOLARSHIP PROGRAM APPLICATION**

**Please request your school Principal, Counselor, or Admission's Office provide the information requested in Parts I, II, and III.**

APPLICANT’S NAME: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Town: \_\_\_\_\_ NJ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I. CUMULATIVE HIGH SCHOOL GRADE POINT AVERAGE: \_\_\_\_\_**

(GPA based on a 4.0 point system-inclusive of fall 2021 grades.

**If other than 4.0 GPA system is used, indicate 4.0 equivalency or point system.**

**(Copy of official transcript from high school must be included with application)**

**COLLEGE ENTRANCE EXAMINATION SCORE: (one must be completed)**

ACT \_\_\_\_\_ SAT \_\_\_\_\_

**(Copy of official scores must be included with application)**

**II. Date of High School Scholarship, Awards, or Recognition Ceremony:**

**School Ceremony Contact Information:**

Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**III. Two (2) Letters of Recommendation attesting to the applicant’s character and deserving candidacy from an Administrator, Counselor, Teacher, Employer, or Clergy.**

\_\_\_\_\_  
Signature – Principal – Counselor – Admission’s Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**IV. COLLEGE CHOICE (To be completed by Applicant):**

College(s) to which you have applied (list in preference):

Yearly Cost:

1. \_\_\_\_\_

\$ \_\_\_\_\_

2. \_\_\_\_\_

\$ \_\_\_\_\_

3. \_\_\_\_\_

\$ \_\_\_\_\_

**ACCREDITED TECH or TRADE SCHOOL**

1. \_\_\_\_\_

\$ \_\_\_\_\_

Anticipated Degree/Career Path: \_\_\_\_\_

*All applications and attachments are to be paper clipped together (**no staples please**).*

**V. EXTRA CURRICULAR ACTIVITIES, VOLUNTEER/WORK**  
(May attach additional sheet or student resume)

A. Athletics/Sports:

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B. Business/Leadership:

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C. Arts/Music/Drama:

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D. Humanitarian/Social:

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E. Religious:

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F. Work Experience:

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**G. ADDITIONAL HONORS, AWARDS, RECOGNITIONS**

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**2022 NJSBGA SCHOLARSHIP PROGRAM APPLICATION**

**VI. ESSAY** In the space provided below (or submit as an attachment), please respond to the following essay topic in a minimum of 250 words:



[ccaponegro@gmail.com](mailto:ccaponegro@gmail.com)

*Applications must be received or postmarked no later than Monday February 28,2022.  
All applications and attachments are to be paper clipped together (no staples please).*