



In partnership with the **Community Foundation of New Jersey**, the Finance Committee of **The Presbyterian Church in Morristown** is pleased to announce:

The Eklund Scholarship

The Scholarship will be awarded during the worship service on Sunday, June 23, 2019.

The Eklund Scholarship will be awarded to an active member(s) of the congregation who has been accepted as a full-time student at an institution of higher learning within the United States during the 2019-2020 academic year. The student should be active in various church programs, scholastic activities, community service and must demonstrate financial need.

The scholarship award is for tuition expenses only. Award amount(s) will vary. Recipient(s) is eligible for renewal consideration for an additional three (3) consecutive years provided the student remains enrolled on a full-time basis (12 or more semester credits), is in good academic standing and has maintained a cumulative GPA of 3.0 or better.

Students interested in applying for The Eklund Scholarship may obtain the application through the Church office, by visiting the Church website at www.pcmorristown.org or at the Community Foundation of New Jersey website at www.cfnj.org.

Selection of the recipient(s) of The Eklund Scholarship will be at the sole discretion of the Community Foundation of New Jersey. *Please note all information will be kept in strict confidence.* Applications and all required supporting documentation (**please see application checklist**) should be mailed directly to the Community Foundation of New Jersey. The deadline for submission is **June 3, 2019.**

Community Foundation of New Jersey
Attention: Faith Krueger
Post Office Box 338
Morristown, NJ 07963-0338

For inquiries, please contact Faith Krueger at the Community Foundation of New Jersey at 973.267.5533 extension 227 or via email at fkueger@cfnj.org.

**- THE EKLUND SCHOLARSHIP OF THE PRESBYTERIAN CHURCH IN MORRISTOWN - ADMINISTERED
BY THE COMMUNITY FOUNDATION OF NEW JERSEY**

Deadline for Submission: June 3, 2019

APPLICANT CONTACT INFORMATION

Name: _____

First Middle Last

Permanent Address: _____

Street

City State Zip

Phone Number: _____ Cell Phone: _____

Email Address: _____

Social Security Number: 000-00-_____
(Last 4 Digits)

Date of Birth: _____
Country of Birth: _____

Are you a legal resident of New Jersey: Yes _____ No _____

I am a: _____ U.S. Citizen
_____ Permanent Resident Alien
_____ Non-Resident – type of visa _____

Gender: _____ Female _____ Male

Ethnicity: _____ African American _____ Hispanic/Latino
_____ Asian/Pacific Islander _____ White (not of Hispanic origin)
_____ American Indian/Alaskan Native _____ Other (specify) _____

FAMILY INFORMATION

_____ Father/Guardian

 Mother/Guardian _____

Address

Address

| | |
|---------------------------------------|--|
| Father/Guardian's Occupation/Employer | |
| Father /Guardian's Annual Income | |
| Mother/Guardian's Occupation/Employer | |
| Mother/Guardian's Annual Income | |

All Dependents Living In Your Home including yourself

| Name/Relationship to Applicant | Age | School Attending/Cost |
|--------------------------------|-----|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

EDUCATION

Name of School You Will Attend: _____

City State ZIP

Intended Major(s): _____

Intended Minor(s): _____

ANTICIPATED EDUCATIONAL EXPENSES

Please fill in the expenses you anticipate for the 2019-2020 academic year. This information can be found on your college/university website or through the financial aid office.

| | |
|---------|----|
| Tuition | \$ |
|---------|----|

| | |
|--|----|
| Mandatory Fees | \$ |
| Room & Board (on campus housing only) | \$ |
| Books | \$ |
| Supplies | \$ |
| Total Anticipated Educational Expenses | \$ |

ANTICIPATED STUDENT RESOURCES

Please list any scholarships or grants that you have been awarded or are pending for 2019-2020 and the amount of each award. Please include Pell grants or other federal aid, state aid, work-study, scholarships from your school and other outside scholarships or awards.

| | | |
|------------------------------------|-----------------|----|
| Parental Contribution to Education | Amount Per Year | \$ |
| Student Contribution to Education | Amount Per Year | \$ |

| Scholarships | Amount Per Year | Status (Pending or Awarded) |
|--------------------|-----------------|-----------------------------|
| 1) | \$ | |
| 2) | \$ | |
| 3) | \$ | |
| 4) | \$ | |
| 5) | \$ | |
| 6) | \$ | |
| 7) | \$ | |
| Total Scholarships | \$ | |

| Grants | Amount Per Year | Status (Pending or Awarded) |
|--------|-----------------|-----------------------------|
| 1) | \$ | |
| 2) | \$ | |
| 3) | \$ | |
| 4) | \$ | |
| 5) | \$ | |

| | | |
|--------------|----|--|
| 6) | \$ | |
| 7) | \$ | |
| Total Grants | \$ | |

| Loans | Amount Per Year | Status (Pending or Awarded) |
|-------------|-----------------|-----------------------------|
| 1) | \$ | |
| 2) | \$ | |
| 3) | \$ | |
| 4) | \$ | |
| 5) | \$ | |
| 6) | \$ | |
| 7) | \$ | |
| Total Loans | \$ | |

FINANCIAL STATUS

| | | |
|---------------|---|----|
| Family Assets | Total balance in cash, savings & checking | \$ |
| | Net worth (value minus debt) of investments, including real estate: | \$ |
| | Other Sources of Income (Specify) | |
| | Total Assets: | \$ |

| | | |
|----------------------------|----------------------|----|
| Family Gross Annual Income | Father: | \$ |
| | Mother: | \$ |
| | Student: | \$ |
| | Total Annual Income: | \$ |

| | |
|---|--|
| Number of households supported by gross income: | |
| Number of dependents supported by gross income: | |

| | |
|---|--|
| Number of siblings attending college next year: | |
|---|--|

Please provide in annual dollar amounts estimated expenses:

| Family Expenses | Costs |
|--|-------|
| Mortgage or Rent (please circle one) | \$ |
| Medical Expenses (not paid by insurer) | \$ |
| Child Care/Day Care | \$ |
| All Other Expenses including food, clothing, utilities, etc. | \$ |
| | |
| | |
| | |
| Total Family Expenses | |

Did you complete the Free Application for Federal Student Aid (FAFSA)? If so, what is your Expected Family Contribution (EFC)? \$ _____

(Optional) You may use the space below explain any compelling circumstances or factors, which you feel warrant special attention to include unusual personal, family or financial circumstances or challenges. _____

APPLICANT RESUME

AWARDS AND HONORS

In order of importance to you, list awards and honors you have received during the past four years and briefly explain their significance. **No attachments please.**

| Awards/Honors | Significance | Date Received |
|---------------|--------------|---------------|
|---------------|--------------|---------------|

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SCHOOL ACTIVITIES

In order of involvement/importance to you, please list the top five extra-curricular activities you have participated in during the past four years of high school, e.g. clubs, student government, national honor society, sports, music, drama, etc. **No attachments please.**

| Activity | Grade(s) and dates of participation | Honors and/or positions held – <u>Circle either elected (E) or appointed (A)</u> | Hours Per Month | Reference/Telephone |
|----------|-------------------------------------|--|-----------------|---------------------|
| 1) | | E/A | | |
| 2) | | E/A | | |
| 3) | | E/A | | |
| 4) | | E/A | | |
| 5) | | E/A | | |

COMMUNITY AND VOLUNTEER INVOLVEMENT

In order of involvement/importance to you, please list the top five community or volunteer extra-curricular activities you have participated in during the past four years of high school, e.g., nonprofit organizations, scouts, and religious activities. **No attachments please.**

| Activity | Grade(s) and/or dates of participation | Honors and/or positions held – <u>Circle either elected (E) or appointed (A)</u> | Hours Per Month | Reference/Telephone |
|----------|--|--|-----------------|---------------------|
| 1) | | E/A | | |
| 2) | | E/A | | |
| 3) | | E/A | | |
| 4) | | E/A | | |

| | | | |
|----|--|-----|--|
| 5) | | E/A | |
|----|--|-----|--|

WORK EXPERIENCE

List your paid work experience during the past four years, beginning with your most recent position.

| Employer | Nature of Work | Dates | Hours Per Week | Reference/Telephone |
|----------|----------------|-------|----------------|---------------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |

REQUIRED SIGNATURES

I declare that I have met the eligibility requirements for the scholarship program(s) indicated on the first page of this application form. I further declare that all statements made on this application form or in conjunction with this application form are my own and are accurate and true.

Student's Signature: _____

Date

If student is under 18 years of age:

Parent's/Guardian's Signature _____

Date

Scholarship is contingent upon the availability of funds in any given year. *Scholarship aid from the Community Foundation of New Jersey is conditioned upon the school the student will attend agreeing that the aid should be applied to the student's unmet need or loans first. If, after all need has been met, scholarship monies remain, it may be used to displace school provided aid in the following progression: work-study, then grants.*

Checklist: In addition to this application form and your essay, you **MUST** submit the following:

_____ A copy of your entire FAFSA Student Aid Report (SAR). You can print a copy of your SAR by visiting the FAFSA website at fafsa.ed.gov/logging into your account.

_____ A copy of your school acceptance and financial aid award letter. Documents must state the estimated cost per year of attending the institution and the details of the agreed upon financial aid package offered by the institution (final).

_____ An official high school transcript (with raised seal) provided by your high school guidance counselor or other school official including the applicant's standardized test scores.

_____ Recommendation letter from a church staff member or officer or non-family member, who has observed your activities.

_____ Recommendation from a faculty member or community service person who has observed your participation (optional).

Deadline: June 3, 2019. Only complete applications (consisting of this application form and all required supplemental materials listed above) will be considered by the selection committee.

For further information or questions, please contact Faith Krueger at fkrueger@cfnj.org or 973.267.5533 x 227.

Mail this application and all required supplemental materials to:

**Community Foundation of New Jersey
Attention: Scholarship Services
Post Office Box 338
Morristown, NJ 07963-0338**