





APPLICATION FOR SCHOLARSHIP

JEFF PAUL MEMORIAL SCHOLARSHIP

NEW JERSEY BEACH BUGGY ASSOCIATION



PERSONAL & FINANCIAL INFORMATION:

New Jersey Beach Buggy Association # \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ If married, is spouse employed: \_\_\_\_\_ # Dependents \_\_\_\_\_

Employment: None \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Length of service \_\_\_\_\_ Salary/Wages \_\_\_\_\_

Semester Fees: \_\_\_\_\_ When due: \_\_\_\_\_ Book & Lab Fees: \_\_\_\_\_

Parents Names: \_\_\_\_\_

SOURCE OF FUNDING FOR SCHOOLING:

Income: \_\_\_\_\_ Parents: \_\_\_\_\_

Savings: \_\_\_\_\_ Spouse: \_\_\_\_\_

Scholarships: \_\_\_\_\_ Other (Explain) : \_\_\_\_\_

In order for us to understand your need for assistance, please explain any special circumstances that necessitate your requesting scholarship aid. This would include illness in the family, other family members in school, lay-off from work etc. If you are married and your spouse is unable to contribute, please give a brief explanation why.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST YOUR INVOLVEMENT IN THE FOLLOWING CATEGORIES:

Community: \_\_\_\_\_

\_\_\_\_\_

Achievements or awards: \_\_\_\_\_

\_\_\_\_\_

Hobbies and Sports: \_\_\_\_\_

\_\_\_\_\_

Conservation or Beach Projects: \_\_\_\_\_

\_\_\_\_\_

How did you hear about our Scholarship? \_\_\_\_\_

Please send the completed application, references and transcript to:

Scholarship Chairperson  
Po Box 511  
Seaside Park NJ 08752-0511

**All information must be received by December 1, 2013**  
**Winner will be notified by mail by December 15, 2013**