

### 2020 Affiliation Scholarship Application

This application is for those with <u>Affiliation</u> to Law Enforcement, Fire & Emergency Medical Services

# Six (6) \$5,000 Scholarships will be Awarded Deadline is Wednesday, March 25<sup>th</sup>,2020 at 5:00 PM

To be eligible for consideration, the applicant must be a graduating High School Senior this year and the son or daughter on an ACTIVE, RETIRED or DECEASED member of an agency as described on Page 5 of this application. The applicant is also eligible if they themselves are an active member of one of the agencies and meet the remaining criteria as contained on the application. This Scholarship is for students who will be attending schools for a four (4) year bachelor's degree; two (2) your associates degree as well as technical schools (online is NOT eligible).

We request that you submit this original application with attachments PLUS, three (3) copies of the original application and COPIES OF ALL of the attachments. Please mark your original application as "Original" and please do not staple ANY PART of the original application as we may need to make additional copes for the Scholarship Judges. We thank you in advance for your time and co-operation.

Please note that the deadline for this completed application will be on WEDNESDAY, MARCH 25th, 2020 at 5:00 PM

**DO NOT DELAY** filing this application for the High School Transcript, SAT Reports or TAX returns. You may send the requested information under a separate cover.

## Should you need additional space for ANY of the questions, please add info on separate paper to this application.

1. Full Name:	·		
Last	Fi	rst	Middle
2. Home Address:			
Address		City	State/Zip
3. Cell Number:			
4. Email Address:			
5. Date of Birth:			
6. Name of High School:			
Please also include a copy of y Transcript.	your high school transcr	<mark>ipt</mark> . Does not ho	ive to be an official
7. Name of Guidance Advisor an	d Contact Info:		
Name of Guidance Advisor	Email Address	Phone	number
8. Highest SAT/ACT Score:			
Critica	l Reading + Mathematics + V	Vriting	
Please enclose a copy	y of your SAT/ACT report.	You may print f	rom on-line
9. List the names of colleges to	which you have applied	(notation as to	any acceptances you
have received to date). Please li	ist the estimated annual	l cost of tuitior	and room and board
as well. You may attach this list to th	ne application on a separate	sheet.	
10. Have you selected a Major?	If so, what?		

11. List and describe any and all Scholarships, Honors or Awards which you have won to date with monetary amounts if applicable. You may list these on a separate sheet.
12. List ALL sources of financing for your education which are available, including but not limited to parental contribution, personal savings, Trust accounts and or student loans.
13. Describe any jobs you have had over your years in High School or before:
14. Specify your Civic, Community, High School or favorite leisure time activities, detailing your participation:
15. If you have any additional information you feel you would like to add for the Scholarship Judges please indicate here.

16. <u>PLEASE ATTACH</u> a signed statement of approximately <u>250 words</u> describing yourself and also please include your goals in the future such as your academic goals, personal goals and career path.

### **PARENT/FAMILY INFORMATION**

Attach copy of 2018 and 2019 Federal Income Tax return. We do NOT need the entire return such as Itemized Deductions. We do NEED to see the FIRST TWO pages of the Tax Return to see Gross Income. If separated or divorced, we must see tax return for custodial parent and non-custodial parent.

3. Parents,	Guardian Name and Contact Info – Cell #'s and Email Address:
2. Parents/0	Suardian Employer/Job Title:
3. List name	s and ages of any children currently attending college, including tuition costs.
	are any financial circumstances not evident from your tax return or other times require explanation, please note the condition below.

### POLICE, FIRE AND EMS AFFILIATION INFORMAITON

You must submit, as part of this application, a <u>letter</u> from the Chief, Captain or Chief Executive Officer of the agency confirming that the mother, father, or applicant is an active or retired member of the agency and dates of service.

The employment criteria/volunteer status of any applicant is subject to additional verification and review by the 200 Club of Bergen County.

1. Name of Pare	ent/Step-Parent or Appli	cant Associated with Po	ice, Fire or EMS Departme	ent:
Student is an ACT Ambulance Corps	TIVE, retired or deceased Bo	ergen County Law Enforcer the active Ambulance Cor	hich the Parent/Step-parent nent Officer, Fire fighter or ps or Fire Fighter member, h	
3. Status:				
Active ( )	Retired ( )	Disabled ( )	Deceased ( )	
4. Name of Depa	rtment Chief, Captain or Ex	ecutive Director and Cont	act Info:	

Affiliation must be with Bergen County Law Enforcement Departments, Fire Departments or Ambulance Corps. This also includes FBI, DEA, AFT, NJ State Police, Palisade Interstate Commission, Port Authority Police, Prosecutor's Office, Sheriff Department. For applicants on their own merit they must be members of the fire auxiliary or ambulance cops before September 1, 2019.

5. Are you a Member of the 200 Club of Bergen County? If so, is your membership as an individual or are you under the umbrella of your Law Enforcement, Fire or Emergency Medical department, PBA/FOP?
YES, I am an Individual Member YES, under umbrella of my Department/PBA/FOP
NO, I nor my department is a member of the 200 Club
If you have <mark>checked YES</mark> then the student is automatically entered into the 200 Club Membership Scholarship. You do NOT need to submit a separate Membership application.
5. I HERBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF ANY FACT MAY DISQUALIFY ME FROM CONSIDERATION. I UNDERSTAND THAT THE DEADLINE FOR SUBMITTING MY APPLICATION IS ON WEDNESDAY, MARCH 25 <sup>th</sup> , 2020 at 5:00 pm.
Signature of Applicant
Signature of Parent/Step-parent/Guardian
Date

#### **REVIEW**

As you are preparing to mail or drop off your scholarship packet to the 200 Club of Bergen County please make sure to include all of your copies and attachments.

We would like to <u>thank you in advance</u> for making the requested copies. Please understand that we receive a <u>HIGH</u> volume of applications and the time needed to copy everything would not allow us to move the program forward in a timely manner. Again, we appreciate your assistance with this request.

### **CHECK LIST**

( ) High School Transcript showing all grades to date. Does not have to be official transcript.
( ) SAT/ACT Report – <i>copy</i>
( ) 2018/2019 Federal Income Tax returns from your parent(s). – <i>copy</i>
( ) Signed statement of approximately 250-word ESSAY.
( ) Signed letter from your Law Enforcement, Fire or Ambulance Corps department or another accredited agency verifying your association.

#### PLEASE RETURN COMPLETED ORIGINAL APPLICATION WITH COPIES TO:

The 200 Club of Bergen County Attn: Scholarship Committee 560 Hudson Street Hackensack, NJ 07601