

2024 Affiliation Scholarship Application

This application is for those with **Affiliation** to

Law Enforcement, Fire & Emergency Medical Services In Bergen County

Deadline is Wednesday, May 2, 2024, at 5:00 PM

To be eligible for consideration, the applicant must:

- be a graduating High School Senior in 2024
- attending a four (4) year bachelor's degree; two (2) your associate degree as well as technical schools (online education is NOT eligible).

AND

the son or daughter of an ACTIVE, RETIRED or DECEASED member of an agency as described below.

OR

The applicant is an active member of an <u>agency</u> as described below.

POLICE, FIRE AND EMS AFFILIATION INFORMAITON

- To be considered an "Affiliate" your Department, PBA, unit and/or organization <u>MUST</u> be a member in good standing with the 200 Club of Bergen County.
- Affiliation must be with Bergen County Law Enforcement Departments, Fire Departments or Ambulance Corps, FBI, DEA, AFT, NJ State Police, Palisade Interstate Commission, Port Authority Police, Prosecutor's Office, and Sheriff's Department.
- For applicants on their own merit, they must be members of the fire auxiliary or ambulance corps before September 1, 2023.
- 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 must be submitted to complete this application.

Submissions must be Original Hard Copy Applications with attachments. Email applications will <u>NOT</u> be accepted.

Please note that the deadline for this completed application will be on WEDNESDAY, MAY 2, 2024 - 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.

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Should you need additional space for ANY of the questions, please add information on separate paper and submit with this application.

PLEASE PRINT CLEARLY

Last	Fir	First		Middle		
2. Home Address:						
Address		City	State	Zip		
3. Cell Number:						
4. Email Address:						
5. Date of Birth:						
6. Name of High School:						
	de a copy of your high school t			al Transcript.		
7. Name of Guidance Advisor a Name of Guidance Advisor			Phor	ne number		
		(Critico	al Reading + Mathemat	ico i latritica)		
8. Highest SAT/ACT Score:				ics + vvriting)		
	a copy of your SAT/ACT report.		cial and printed fror			
8. Highest SAT/ACT Score: Please enclose a 9. List the names of colleges to date). Please list the estimalist to the application on a separate	o which you have applied (not ated annual cost of tuition and	It may be unoffic	ceptances you have	n online received		
Please enclose a 9. List the names of colleges to to date). Please list the estima	o which you have applied (not ated annual cost of tuition and	It may be unoffic	ceptances you have	n online received		







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11. List and describe all Scholarships, Honors or Awards awarded to date including monetary amounts if applicable. These may be listed 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 student loans.		
EMPLOYMENT AND VOLUNTEER WORK		
13. Describe any jobs you have had over your four years in High School:		
14. Specify your Civic, Community, High School, or favorite leisure time activities, detailing your participation over the past four years:		





201-229-0600



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15. If you have any additional information indicate here.	on, you feel you would like to add for the Scholarship Judges please
	mately <u>250 words</u> describing yourself. Please include your goals in ersonal goals as well as your intended career path, if known.
<u>P/</u>	ARENT/FAMILY INFORMATION
Itemized Deductions. We do NEED to se	come Tax return. We do NOT need the entire return such as e the FIRST TWO pages of the Tax Return to see Adjusted Gross ust see tax return for custodial parent and non-custodial parent.
Parents/Guardian Name and Contact Inf	o – Cell #'s and Email Address:
List names and ages of any children curre	ently attending college, including tuition costs.
If there are any financial circumstances rexplanation, please note the condition b	not evident from your tax return or other times you feel require pelow.





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Name of Parent or Applicant Associated with Police, Fire or EMS Department: Name, Address & Phone Number of Police, Fire or EMS Unit with which the Parent or Student is an ACTIVE, retired or deceased Bergen County Law Enforcement Officer, Fire fighter or Ambulance Corps member. If the student is an active Ambulance Corps or Fire Fighter member, he or she must have been active on or before September 2023.					
☐ YES, I and If you have Membershi I HERBY CERUNDERSTAN CONSIDERA	m an Individual Mem checked YES to Indiv p Scholarship. You d RTIFY THAT THE FORE ND THAT ANY WILLFU	club of Bergen County? ber in good standing (individual Members, then the so NOT need to submit a second INFORMATION IS TO THAT THE DEADLINE FOR OUT OF THAT THE DEADLINE FOR OUT OF THE DEADLINE FOR OUT OF THE DEADLINE FOR OUT	tudent is automatically en parate Membership applic RUE TO THE BEST OF MY R ANY FACT MAY DISQUALI	cation. CNOWLEDGE. I FY ME FROM	
Signature o	f Applicant				
Signature o	f Parent/Stepparent,	/Guardian			
Date					







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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 required attachments.

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. If information is being submitted separately, please indicate on the application.

CHECK LIST

High School Transcript showing all grades to date. Does not have to be an official transcript.
SAT/ACT Report. Does not have to be an official report.
2022/2023 Federal Income Tax returns from your parent(s). – copy
250-word ESSAY – please sign
Signed letter from your Law Enforcement, Fire or Ambulance Corps Department or another accredited agency verifying your association.

Please note once the application process is completed and winners have been chosen. All documents are shredded by a certified shedding company and under the observation of a 200 Club Staff Member.

You may redact the social security information on the tax return submissions, to protect your privacy.

PLEASE RETURN COMPLETED ORIGINAL APPLICATION and ATTACHMENTS TO:

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





201-229-0600

