



COMMUNITY FOUNDATION OF NEW JERSEY

THE DAVID H. ROE MEMORIAL SCHOLARSHIP-2019 DEADLINE: POSTMARKED BY MARCH 29, 2019

As chief financial officer of a large generic drug company, David H. Roe held various interests, including mathematics, philosophy, skiing and flying airplanes. He could indulge in all those interests because he had been lucky enough to get a college education. He would have liked, therefore, to enable young people in financial need with a serious interest in mathematics, physics, biology, botany, or chemistry to be able to pursue one of these disciplines at the college level. **Please note the scholarship is not intended for students pursuing a major in IT or Computer Sciences.** Through its recipients, The David H. Roe Memorial Scholarship aims to reaffirm the academic success and professional leadership that Mr. Roe demonstrated during his lifetime.

The Community Foundation of New Jersey awards undergraduate scholarships on the basis of a competitive process that may consider academic achievement, extracurricular and community involvement, a statement of the applicant's personal aspirations and educational goals, financial need and references. Scholarships are awarded at the discretion of the Foundation's Board of Trustees based on scholarship committee recommendations.

The David H. Roe Memorial will provide \$5,000 a year for four consecutive years, totaling \$20,000, to one or more *graduating high school seniors from the greater Newark area.*

CRITERIA

- Student is a graduating high school senior from the greater Newark area who is attending a traditional or charter public high school.
- Student has been accepted to a four-year accredited college/university within the United States on a full time basis and will be entering his/her freshman year in the fall of 2019. If you have not yet been accepted to a college or university, please do not apply at this time.
- Scholarship will be awarded on merit and need.
- Student will be pursuing an undergraduate degree in mathematics, physics, biology, botany or chemistry.

The scholarship will be payable in four annual, consecutive installments in the amount of \$5,000 provided the student continues to remain enrolled as a full-time student in good academic standing with a (minimum GPA of 2.0) and has financial need. Award can be applied to tuition, on campus room and board, and/or other mandatory educational fees. Awards will be made payable to the educational institution only.

Please note this scholarship is conditional on the student still having financial need after s/he is awarded financial aid from all other public and private sources. For example, a student who has been awarded a full scholarship to attend a school is not considered to have financial need for the purposes of this scholarship.

Students requesting renewal eligibility will be required to submit a letter of request in June of each year detailing his/her experience during the past academic year, an official transcript, copy of student tuition bill, and proof of continued full-time enrollment indicating the student remains in good academic standing. The student must maintain a 2.0 GPA or better.

Note: 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. Scholarship is contingent upon the availability of funds at any given time.

THE DAVID H. ROE MEMORIAL SCHOLARSHIP APPLICATION 2019

1) APPLICANT CONTACT INFORMATION

	First	Middle	Last
Permanent Address:			
	Street		
	City	State	Zip
Phone Number:		Cell Phone:	
Date of Birth:			
Email Address:			
Ethnicity: <i>(Optional)</i>	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Other (specify) _____	

2) 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

3) SCHOOL INFORMATION *(Only students who have already been accepted into an educational institution are eligible to apply. If you have not yet been accepted to a college, university or other institution of higher learning, please do not apply at this time.)*

College you will be attending this fall: _____
 Intended Major(s): _____
 Intended Minor(s): _____
 Career Goal: _____

Please fill in the expenses you anticipate for the 2019-2020 academic year. This information can be found on your college or 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

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

Please list below all outside financial assistance for which you have applied and/or received, e.g., scholarships, grants, loans.

Name of Scholarship/Grant/Loan	Indicate Type of Assistance Scholarship/Grant/Loan	Amount Per Year	Status? Pending (P) or Awarded (A)
		\$	

4) 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:	

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	\$
Other Expenses	\$
Total Family Expenses	

(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. _____

5) **PERSONAL STATEMENT** - Write and attach a one or more-page statement explaining the focus of your future education and career paths as well as your motivation to follow this path. You may also include anything else you feel is pertinent, including how this scholarship could help, or prove meaningful to you. Please be sure to include your name on the statement.

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 _____

Printed Name of Parent/Guardian _____

Required Document Checklist: In addition to this application form please submit the following:

- _____ Copy of your complete FAFSA Student Aid Report (SAR).
- _____ A copy of your college acceptance letter(s) AND final financial aid award letter(s). Documents must state the estimated cost per year of attending the institution and the details of the financial aid package offered by the institution.
- _____ Official transcript including mid-year grades (with raised seal) provided by your guidance counselor or other school official.
- _____ Two (2) letters of recommendation that you believe will strengthen your application.
- _____ Personal statement including recent awards and honors, school activities, community and volunteer involvement, and paid work experience. Please include dates of recognition or participation.

Deadline: All applications must be complete and postmarked no later than March 29, 2019.

**Mail this application and all required supplemental materials to:
Community Foundation of New Jersey
Post Office Box 338 | Morristown, NJ 07963-0338
973.267.5533 ext. 227**