



NORTH ESSEX
CHAMBER OF COMMERCE
Connecting Business & Community

NORTH ESSEX CHAMBER OF COMMERCE FOUNDATION
2019 SCHOLARSHIP APPLICATION
DUE: May 14, 2019

Chamber Member Company/School: _____

Chamber Member Employee Name (if applicable): _____

Student Applicant's Name _____	
Home Address: _____	
City/State/Zip: _____	
Phone: _____	E-Mail: _____

What educational institution will you be attending in the Fall? _____

What are your educational goals/major? _____

Tell us about your work experience: *(Please list approximate hours per week & duration of employment)*

	Hrs/Week: _____	How long? _____
	Hrs/Week: _____	How long? _____
	Hrs/Week: _____	How long? _____

What volunteer work have you performed in the last two years? *(List hours per week at each & duration.)*

	Hrs/Week: _____	How long? _____
	Hrs/Week: _____	How long? _____
	Hrs/Week: _____	How long? _____

List extra-curricular activities, as well as honors and awards:

Please attach transcript from your educational institution and all letter(s) of recommendation.

In a Personal Statement of not more than one page, indicate why you feel you deserve this Scholarship (attach statement in a typed, double spaced document with a font size of 10 to 12 points).

Applicants under 18, or adults that are still dependents, please provide parental information

Father's Name: _____ Education: _____

Home Address _____

Occupation/Employer: _____ Years in present job: _____

Mother's Name _____ Education: _____

Home Address _____

Occupation/Employer: _____ Years in present job: _____

List other dependent children in family: Number of children: _____ Ages: _____

Combined adjusted gross income from last year's Federal Income Tax Form: *(Circle closest range)*

Family Income: \$ _____ Father's Salary: \$ _____ Mother's Salary: \$ _____

List any financial hardships: _____

Estimate your annual tuition bill: \$ _____ Estimate the amount to be paid by loans: \$ _____

Maximum possible contribution by family: \$ _____ Other sources of aid: _____

I hereby declare that, to the best of my knowledge and belief, the foregoing statements are correct.

Signature of Applicant

if under 18 - signature of Parent/Guardian

Applications, including supporting documents will become the property of the NECC Foundation and will not be returned. By signing the application, you (and your parent/guardian where applicable) agree to allow NECC utilize your name in publicity opportunities related to the Scholarship or chamber program. Winning applicants agree to have their photograph taken with Chamber representatives and agree to release all rights to the photo to NECC for its promotional activities.

2019 SCHOLARSHIP APPLICATION

Return Application To:
 North Essex Chamber of Commerce Foundation, Inc.
 26 Park Street, Suite 2062
 Montclair, NJ 07042

OR

Email@northessexchamber.com

Deadline for all submissions is 4 pm on Monday, May 14, 2019. Questions? Phone: 973-226-5500.

APPLICANT'S NAME: _____

DO NOT WRITE IN THIS SPACE BELOW							
Reviewers:							TOTAL
Personal Statement - 30							
Economic Need - 20							
Academics -10							
Work Experience - 10							
Volunteerism – 10							
Extra Curricular – 10							
Recommendations - 10							
Total:							