



New Jersey Relocation Council High School Scholarship Program



Student Name: _____

CHECKLIST (all of these are required, please:)

- Application
- Consent
- Counselor Page
- Transcripts (Stamped & signed by a HS Official, including ACT/SAT scores)
- Extracurricular Activities
- Essay
- Photo



New Jersey Relocation Council High School Scholarship Program



**Did you change schools and move further than 50 miles while in High School?
Do you have a GPA of 3.0 or greater on a 4.0 scale (or equivalent)?**

***Tell Us Your Story!
Apply for the NJRC Scholarship Today***

Dear Student,

Please write an essay of at least 1,000 words about your relocation experience. The following questions should be answered as part of your essay:

- How did the relocation personally impact you?
- What were some of the challenges?
- What were some of the positive experiences that you encountered?
- What did you learn from the experience?
- What advice can you give to other high school students relocating?
- Please submit your essay (with your name on each page) with a recent photo, completed application, consent form, transcripts, and list of extracurricular activities **no later than February 1, 2020**. All required documents must be received by this date in order for your application to be considered.

Your Application will be evaluated on the following criteria:

- You moved between 9th grade and 12th grade
- Your move was greater than 50 miles and to a new school and location
- Academic performance including a GPA of 3.0 or greater on a 4.0 scale (or equivalent)
- Your essay
- Extra-curricular activities and community participation

We look forward to hearing about your experience. Thank you for participating.

Sincerely,

Sara Simonetti

NJRC Community Outreach Committee Chair

Please email your completed package to Scholarship@njrc.com
Please call Sara Simonetti at 203-640-5864 with any questions



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Individual Consent Agreement

I, _____, the undersigned, hereby authorize the New Jersey Relocation Council (NJRC) and its representatives, successors, and assigned, to use my name, photo, and written essay (or portions thereof) about my relocation (that accompanied my NJRC 2020 scholarship application) for publication. I represent and warrant that the attached statement represents my true opinion.

I further represent that (please X one):

_____ I am of legal age and have every right to grant these rights

_____ I am not of legal age and have secured the signature of my parent/legal guardian below

DATE

NAME (printed)

SIGNATURE

I represent that I am the parent/legal guardian of _____

As the parent/legal guardian, I have the legal authority to grant the right set forth above.

DATE

NAME (printed)

SIGNATURE

Please return this form, along with the completed application, essay, transcripts, list of extracurricular activities and photo to Scholarship@njrc.com

Please call Sara Simonetti at 203-640-5864 with any questions



New Jersey Relocation Council High School Scholarship Program



New Jersey Relocation Council 2020 Scholarship Application

Application must be received by NJRC no later than
February 1, 2020

Name

Address

City State Zip

Telephone Email Address

High School Current GPA Month & Year Relocated

Previous City and State

Was your family part of a company-sponsored relocation?

If yes, what company?

Please list any Honors or AP classes in which you are currently enrolled:

I certify that the work I am submitting with this application is entirely my own and that the information I have provided on and with this application is true to the best of my knowledge. I consent that my guidance counselor/high school relinquish my personal information listed on the following page.

SIGNATURE

DATE



New Jersey Relocation Council High School Scholarship Program



2020 Scholarship Application

To be completed by Guidance Department or High School Official.

Please include a copy of transcripts/test scores with the application and kindly complete the following:

Grade Point Average GPA Scale (maximum possible)

Most recent SAT/ACT scores (please provide copy)

HS Official/Guidance Counselor name

Title/Position of High School Official

Phone

Email

Student/Applicant Name

I certify that the work I am submitting with this application is entirely my own and that the information I have provided on and with this application is true to the best of my knowledge. I consent that my guidance counselor/high school relinquish my personal information listed on this and the following pages.

SIGNATURE (High School Official)

DATE