

Montclair Drifters

SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Name _____

Last First M.I.

Date of Birth (MM/DD/YY) _____ Male _____ Female

Address _____

Street City State Zip Code

Email address _____

Home Telephone Number _____/Cell Phone Number _____

High School Attending _____

High School Senior Award Ceremony Date _____

Extra-curricular activities: List any employment, school, community or church activities, years of participation, office(s) held, Honors and Awards. If additional space is required, attach another sheet.

a. _____

b. _____

c. _____

College name and location you plan to attend: _____

Have you been accepted? Yes _____ No _____

Name of Father/Guardian _____

Place of Employment _____

Address _____

Name of Mother/Guardian _____

Place of Employment _____

Address _____

Total Size of Household (include parents and dependent children) _____

Attach the following with your scholarship application:

- Biographical sketch including your interests, goals, honors, concerns and any other information that you believe might be helpful to the Scholarship Committee in assessing your application. The biographical sketch must be typewritten and double-spaced.
- Two letters of recommendation:
 1. **academic (Guidance Counselor or Administrator)**
 2. **personal (community/employer)**
- Official High School Transcript

I am willing to appear for a personal interview. I agree to accept the decision of the Scholarship Committee regarding my Scholarship application.

Signature

Date

Parent/Guardian Signature

Date

Note: All applications and supporting documentation must be received in one package. Every question on the application must be answered. Applications must be postmarked no later than Friday, March 27, 2020 and mailed to:

Montclair Drifters Scholarship Committee

Attn: Mrs. Monique Jenkins

Post Office Box 847 Montclair, NJ, 07042