



**II. PERSONAL INFORMATION:** Applicant

Date of Birth \_\_\_\_\_ Marital Status:  Single  Married  Separated  Other  
Month Day Year

If married, full name of spouse (wife's maiden name or husband's given name)

\_\_\_\_\_  
Last Name First Middle

Legal Resident of New Jersey?  Yes  No

U.S. Citizen?  Yes  No

If no, permanent resident of U.S.?  Yes  No

Type of Visa \_\_\_\_\_

Head of your household:  Parent  Guardian  Self  Other \_\_\_\_\_

List family members who receive support from the head of household including names, ages, relationship to household head, and nature of employment or school now attending:

Name	Age	Relationship	Employment or School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of high schools attended by you and dates of attendance:

High School	Dates Attended
_____	_____
_____	_____

List any academic and extra-curricular activities in which you have participated including honors and awards won:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What efforts will you make at school to help finance your education?

\_\_\_\_\_

Class standing during period for which you are applying for financial aid?

Freshman  Sophomore  Junior  Senior  Graduate

Are you applying for an on-campus, part-time job?  Yes  No

Will you secure an off-campus, part-time job?  Yes  No

**III. FINANCIAL INFORMATION:**

State why you are seeking financial aid. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the total financial amount for all college expenses you feel you require for ONE YEAR.

Check if seeking support from the following:

Other Scholarships      If applying for other scholarship(s), name source (\$) \_\_\_\_\_

Enumerate below estimated college income and expenses. Single students must provide this information for the period covered by the application

**INCOME**

From parents, relatives or other individuals      \$ \_\_\_\_\_  
From part-time work      \_\_\_\_\_  
From savings      \_\_\_\_\_  
From other loans      \_\_\_\_\_  
From G.I. benefits or other government programs      \_\_\_\_\_  
From scholarships      \_\_\_\_\_  
From grants-in aid      \_\_\_\_\_  
From summer employment      \_\_\_\_\_  
If married, contribution from spouse      \_\_\_\_\_  
From all other sources      \_\_\_\_\_  
Social Security or Welfare Aid      \_\_\_\_\_  
  
TOTAL      \$ \_\_\_\_\_

**EXPENSES**

Tuition and fees      \$ \_\_\_\_\_  
Books, Instruction      \_\_\_\_\_  
Equipment and materials      \_\_\_\_\_  
Board or meals      \_\_\_\_\_  
Room or rent\*      \_\_\_\_\_  
Clothing      \_\_\_\_\_  
Lunches and transportation (commuting students)      \_\_\_\_\_  
Personal (cosmetics, haircuts, laundry, etc)      \_\_\_\_\_  
Insurance premiums      \_\_\_\_\_  
Health (medical, dental, drugs)      \_\_\_\_\_  
Automobile operating expenses      \_\_\_\_\_  
Payments on loans or charge accounts      \_\_\_\_\_  
Other (itemize on separate sheet and enter total)      \_\_\_\_\_  
  
TOTAL      \$ \_\_\_\_\_

Will you live at home with your parents during the period covered by this request?  Yes  No

\*If yes, will you pay rent?  Yes  No      If you will be paying rent at home include under expenses above and explain \_\_\_\_\_  
\_\_\_\_\_

**IV. REFERENCES:** Name two references

Name	Street Address	City	State	Zip
Title or position of reference			Tel. No.	
Name	Street Address	City	State	Zip
Title or position of reference			Tel. No.	

**V. PARENT OR GUARDIAN'S CERTIFICATION:**

To the best of my knowledge, the information reported is complete and correct. I understand \_\_\_\_\_ is applying for financial aid to help with the educational expenses of

\_\_\_\_\_  
Name

\_\_\_\_\_ I approve of this application. \_\_\_\_\_  
College Date

\_\_\_\_\_  
Parent or Guardian's Signature

**VI. APPLICANT'S CERTIFICATION:**

I hereby acknowledge that the information submitted herewith is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**VII. TRANSCRIPT AND SATS:** A high school or college transcript and SAT score results must be attached. Application will not be considered without SAT scores and transcript.

**VIII. ADDITIONAL EVALUATIONS:** Due to the very competitive nature of the Scholarship Awards, any additional evaluations or recommendations from teachers, counselors, employers, etc. will be helpful. Attach letters to this application.

Work Experience:

- 1)
- 2)
- 3)

ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOU?

\_\_\_\_\_

**DEADLINE FOR COMPLETED APPLICATION IS APRIL 15. PLEASE MAIL COMPLETED APPLICATION TO: COMMUNITY BUILDERS & REMODELERS ASSOCIATION OF NJ, 9 WHIPPANY RD., SUITE B2-3, WHIPPANY, NJ 07981**

AWARDS WILL BE MADE ON THE BASIS OF DEMONSTRATED ACADEMIC ABILITY, POTENTIAL, AND FINANCIAL NEED. FINALISTS WILL BE REQUESTED TO ATTEND A PERSONAL INTERVIEW.