

## INFORMATION REGARDING COMMUNITY BUILDERS & REMODELERS ASSOCIATION OF NJ - SCHOLARSHIP APPLICATION

1. Scholarships will be given out for a college-bound student or those already attending post-secondary school, or for a student who will be attending a vocational or trade school for the Fall Semester.
2. Applicants will be judged on the basis of their academic record, SAT scores, class ranking, activities, family financial need, and an interview process.
3. The Scholarship Committee will review and approve applications impartially by an assigned code number only. Committee members will have no knowledge of the applicant's name, address, or school affiliation.
4. All candidates may be asked to appear before the Committee for an interview. After the interview, a decision will be made and recipients will be notified, in writing, of the award.
5. ***Eligibility***: To apply for this scholarship, candidates must either be a member of the *Community Builders & Remodelers Association of New Jersey*, be an immediate family member of a member of CBRA, be employed by a firm which is a member, or be an immediate family member of someone who is employed by a member firm.
6. The applicant must be either a graduating high school student, or currently be attending a college, trade, or vocational school.
7. The applicant must have a definite plan to pursue a post-high school program of education or training.
8. This scholarship is awarded for one year of school only. Students who have been awarded or applied for this scholarship in the past are able to apply in another year.
9. All references must be attached to the application.
10. Only one essay is required. It should be no less than *250 words and no more than 500 words and written on the subject of personal development*.
11. ***Deadline for Applications***: All applications must be postmarked by ***April 15<sup>th</sup>***. Applications received with a postmark after that date will be automatically disqualified.
12. Completed applications should be mailed to: Community Builders & Remodelers Association of NJ, 9 Whippany Road, Suite B2-3, Whippany, NJ. 07981.
13. Please call CBRA with questions regarding any portion of this application at: (973) 887-2888.
14. Applications are open to students of any race, creed, color, sex, or religion.



# Jim Giaquinto Scholarship

Sponsored by  
Community Builders & Remodelers Association of New Jersey  
9 Whippany Road - Suite B2-3  
Whippany, NJ 07981  
P: (973) 887-2888 F: (973) 887-2926

## APPLICATION

Date \_\_\_\_\_

*This Scholarship is available to full-time students who are or will be attending an accredited institution of higher learning.*

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

\_\_\_\_\_  
Local Address Street City State Zip

\_\_\_\_\_  
Permanent Address Street City State Zip

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### College or Trade School Preference

(1) \_\_\_\_\_  
College or Trade School Address Acceptance Received?

(2) \_\_\_\_\_  
College or Trade School Address Acceptance Received?

Major or intended course of Study \_\_\_\_\_

### I. PERSONAL INFORMATION (Applicant)

Date of Birth \_\_\_\_\_  
Month Day Year

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

U.S. Citizen?  Yes  No If "No", permanent resident of U.S.?  Yes  No  
Type of Visa \_\_\_\_\_

Marital Status  Single  Married  Separated  Other  
If married, full name of spouse \_\_\_\_\_

Name of high schools attended by you and dates attended:  
High School Attended From: To:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## II. PERSONAL INFORMATION [Parent(s) or Guardian]

Father (Guardian's) Last Name	First	Middle	Age
Street Address	City	State	Zip
Father (Guardian's) Employer	Nature of Work		
Mother (Guardian's) Last Name	First	Middle	Age
Street Address	City	State	Zip
Mother (Guardian's) Employer	Nature of Work		

Are your parents/guardians employed by or own a firm which is affiliated with the *Community Builders & Remodelers Association of New Jersey*?  Yes  No

If "Yes", name the firm, member and phone number: \_\_\_\_\_  
\_\_\_\_\_ Phone

## III. REFERENCES (name two)

(1)

Name	Street Address	City	State	Zip
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Title or Position: \_\_\_\_\_

(2)

Name	Street Address	City	State	Zip
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Title or Position: \_\_\_\_\_

## IV. FINANCIAL INFORMATION

State why you are seeking this Scholarship. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you the recipient of any Scholarships at the present time?  Yes  No  
If so, name of Scholarship. \_\_\_\_\_ \$ Amount

Are you presently indebted for previous education?  Yes  No  
If "Yes", name the sources, type of obligation, loan due dates and total amounts:

Creditor	Type of Obligation	Date (s) Due	Total Amount (\$)
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If you are currently attending an Institution of Higher Education, list name, course of study, and year classification.

Name of Institution	Course of Study	Year Classification
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What effort will you make at school to help finance your education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

Freshman  Sophomore  Junior  Senior  Graduate

## CONFIDENTIAL DATA SHEET

**To be completed by the High School guidance counselor:**

Name of Student: \_\_\_\_\_  
Last First Middle

Name of Counselor: \_\_\_\_\_  
Last First Middle

**The Student named above is a candidate for the *Jim Giaquinto Memorial Scholarship*. We ask that the high school guidance counselor review the application and verify the applicable areas to the best of (his/her) knowledge.**

I have reviewed the above Candidate's presentation for the **JIM GIAQUINTO MEMORIAL SCHOLARSHIP**. To the best of my knowledge, the presentation accurately describes the activities of the Student noted above.

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Counselor Phone: \_\_\_\_\_

Scheduled High School Graduation: \_\_\_\_\_  
Month Day Year

**Thank you for your assistance regarding this scholarship candidate. We appreciate your cooperation in this matter.**

*Please return the Application to:*

**JIM GIAQUINTO MEMORIAL SCHOLARSHIP**

Community Builders & Remodelers Association of New Jersey

9 Whippany Road - Suite B2-3

Whippany, NJ 07981

**PARENT OR GUARDIAN'S CERTIFICATION:**

To the best of my knowledge, the information reported is complete and correct.

I understand \_\_\_\_\_ is applying for this Scholarship to help with the educational expenses.  
Name

I approve of this Application. \_\_\_\_\_  
Parent or Guardian's Signature Date

**APPLICANT'S CERTIFICATION:**

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

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

Use this portion of this application to describe your activities at school, as well as in the community. Please include any academic and extra-curricular activities in which you have participated, including honors and awards won, so the *Scholarship Selection Committee* can evaluate your candidacy. Please type or print legibly with dark ink. When you have completed, please present the complete application to your high school guidance counselor for verification.

**CANDIDATE'S PRESENTATION**

Scholarship Candidate: \_\_\_\_\_

If additional space is needed, please make attachments.

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