

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. References, Letters of Recommendation and School transcript 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 15th**. 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 |
|------|----------------|------|-------|-----|

Title or Position: _____

(2)

| | | | | |
|------|----------------|------|-------|-----|
| Name | Street Address | City | State | Zip |
|------|----------------|------|-------|-----|

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 (\$) |
|----------|--------------------|--------------|-------------------|
|----------|--------------------|--------------|-------------------|

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 |
|---------------------|-----------------|---------------------|

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

CANDIDATE’S ESSAY PRESENTATION

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.

Scholarship Candidate: _____

Note: If additional space is needed, please make attachments.
