

**MARINE TRADES ASSOCIATION OF NEW JERSEY FOUNDATION  
2017 FAMILY SCHOLARSHIP**



**FORM I – APPLICATION – Applicant is to complete this form.**

***Applicant Data***

Last Name		First Name		Middle
Address	Street	City	State	Zip
Date of Birth		Male	Female	Daytime Phone Number

***Education – (MUST BE COMPLETED – even if you are in College.)***

Name of High School (Attending or Attended)	City	State	Date of Graduation
ACT English: _____	Math: _____	Reading: _____	Science: _____ Composite: _____ Not Applicable: _____
SAT CR: _____	Math: _____	Writing: _____	Not Applicable: _____
Cumulative College GPA _____/4.0 scale		Any Military Duty (If yes, how many years?) _____	
Number _____ out of _____ students (Class rank in HS)			

List the U.S. colleges to which you have applied to in the order of your preference.

First Choice:	College Name	City	State
Second Choice:	College Name	City	State

Name of college currently Attending (if applicable)	City	State	College Graduation Date (Anticipated)
---	------	-------	---------------------------------------

Upon returning to college in the Fall of 2017, what will be your grade level? (Example 1<sup>st</sup> semester sophomore):

If you are planning to transfer to another school to complete your degree requirements, name the school to which you intend to transfer and when this transfer will occur:

Name of U.S. College	Transfer Date (Month/Year)
----------------------	----------------------------

If you have already decided your major of study, what is it? If not, indicate undecided: \_\_\_\_\_

Have you decided what career you hope to pursue upon graduation from college? If so, what? \_\_\_\_\_

On a per week basis, state the approximate number of hours you spend in the classroom, lab and doing homework:

Classroom hours	Lab Hours	Homework
-----------------	-----------	----------

Do you feel that your grades are an accurate reflection of your ability? If not, what circumstances prevented you from doing better? \_\_\_\_\_

---



---





**MARINE TRADES ASSOCIATION OF NEW JERSEY FOUNDATION  
2017 FAMILY SCHOLARSHIP**



*"New Jersey's Voice On The Water"*

**EMPLOYEE VERIFICATION**

**FORM II – Employee** (i.e. Parent/guardian) is to complete Section A and then submit to their employer for verification.

**Section A**

Applicant's Name \_\_\_\_\_ Email \_\_\_\_\_

Employee's Name Phone \_\_\_\_\_ Email \_\_\_\_\_

Employee Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Parent \_\_\_\_\_ Stepparent\* \_\_\_\_\_ Guardian\*

\*If the relationship is that of step-parent or guardian, the applicant must reside with the qualifying Employee on a full-time basis. Spouses of employees are not eligible to apply.

**EMPLOYER IS TO COMPLETE INFORMATION BELOW:**

**Section B – Employee of Member Employer is to complete this section**

To qualify, the employee must be currently working as a full-time employee of your company with at least one-year of continuous service whose date of hire was not later than May 1, 2016. Further, the company must be a current member of the Marine Trades Association of New Jersey (MTA/NJ). Complete the information as it applies to who is qualifying the above applicant. If two employees qualify the applicant, include information on both. After completion of this verification, please return this form back to the employee. **Employee cannot verify their own child's application.**

Employee's Title: \_\_\_\_\_  
Employee's Title: \_\_\_\_\_

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

I verify that the above information is correct and that the applicant is qualified to complete the MTA/NJ Foundation 2017 Family Scholarship based on this information and also the company is a current member of the MTA/NJ. **Employee cannot verify their own child's application.**

Print Name of Person Approving Eligibility \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Signature Name of Person Approving Eligibility \_\_\_\_\_ Date Approved \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Note: Should it be later determined that the applicant is not related to the employee or that the applicant's parent/stepparent/guardian is not an eligible employee of your company, the MTA/NJ reserves the right to revoke the award at any time or seek reimbursement of any monies previously granted.**

**DEADLINE FOR APPLICATION IS MAY 1, 2017**

**MARINE TRADES ASSOCIATION OF NEW JERSEY FOUNDATION  
2017 FAMILY SCHOLARSHIP**



**FORM III – HIGH SCHOOL TRANSCRIPT FORM (If you have only completed one year of college, this form must be completed)**

**Section A – Applicant** is to complete this section and forward to the High School

Applicants Name	Phone Number	Email	
Employee (Parent Name)	Company Name	City	State
Employee Email			

**STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION**

According to the Federal Family Rights and Privacy Act of 1984, no information about a student’s academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent or guardian, if the student is under the age of 18.

Therefore, to complete the MTA/NJ Foundation 2017 Family Scholarship Application, this consent form must be signed prior to the school registrar/principal/guidance counselor completing Section B of Form III of this application.

*“I hereby, consent to allow my (son’s/daughter’s) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete the MTA/NJ Foundation 2017 Family Scholarship Application.”*

Parent’s/Guardian’s Signature	Date
Applicant’s Signature (if 18 or older)	Date

**SECTION B: High School Official** - (Please wait to complete the following information until the final grades are available. If grades are not available by May 1<sup>st</sup>, please mail form and transcript as soon as possible.)

**MAIL TO: THE MARINE TRADES ASSOCIATION OF NEW JERSEY, 2516 HIGHWAY 35, SUITE 201, MANASQUAN, NJ 08736**

Applicant ranks \_\_\_ in a class of \_\_\_\_\_. Cumulative College GPA \_\_\_\_/4.0 scale (If grading is other than a 4.0, please include grade comparison explanation.)

ACT English: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_ Composite: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

SAT CR: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

**High School Official: ATTACH AN OFFICAL TRANSCRIPT**

Print Name	Signature		
Date	Title		
High School Name	Phone Number		
School Address	City	State	Zip

**DEADLINE FOR APPLICATION IS MAY 1, 2017**

**MARINE TRADES ASSOCIATION OF NEW JERSEY FOUNDATION  
2017 FAMILY SCHOLARSHIP**



**FORM IV – COLLEGE UNDERGRADUATE TRANSCRIPT FORM**

**Section A – Applicant** is to complete this section and forward to the college.

Applicants Name	Phone Number	Email	
Employee (Parent Name)	Company Name	City	State
Employee Email			

**STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION**

According to the Federal Family Rights and Privacy Act of 1984, no information about a student’s academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent or guardian, if the student is under the age of 18.

Therefore, to complete the MTA/NJ Foundation 2017 Family Scholarship Application, this consent form must be signed prior to the college registrar completing Section B of Form IV of this application.

*“I hereby, consent to allow my (son’s/daughter’s) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete the MTA/NJ Foundation 2017 Family Scholarship Application.”*

Parent’s/Guardian’s Signature	Date
Applicant’s Signature (if 18 or older)	Date

**SECTION B: College Official** - (Please wait to complete the following information until the final grades are available. If grades are not available by May 1<sup>st</sup>, please mail form and transcript as soon as possible.)

**MAIL TO: THE MARINE TRADES ASSOCIATION OF NEW JERSEY, 2516 HIGHWAY 35, SUITE 201,  
MANASQUAN, NJ 08736**

Cumulative College GPA \_\_\_\_\_/4.0 scale (If grading is other than a 4.0, please include grade comparison explanation.)

ACT English: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_ Composite: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

SAT CR: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

**College Official: ATTACH AN OFFICAL TRANSCRIPT**

Print Name	Signature		
Date	Title		
College Name	Phone Number		
School Address	City	State	Zip

**DEADLINE FOR APPLICATION IS MAY 1, 2017**

**MARINE TRADES ASSOCIATION OF NEW JERSEY FOUNDATION  
2017 FAMILY SCHOLARSHIP**



**FORM V – RECOMMENDATION FORM**

**SECTION A – Applicant is to complete this section and forward to the school.**

---

Applicant's Name	Phone #	Email
Employee Parent Name	Company	Email

---

**SECTION B – Counselor, Administrator or Faculty personnel must complete this section.**

Please complete this form and mail to the Marine Trades Association of New Jersey in the attached envelope provided by the applicant. If you know the applicant well enough, it would be very helpful to the MTA/NJ Education Committee if you could offer a brief example of the student's actions or behavior that leads you to the rating you assign below.

**The applicant's choice of a post-secondary education program is**

- Extremely Appropriate     Very Appropriate     Moderately Appropriate     Inappropriate     No Basis for Judgment

Comments: \_\_\_\_\_

**The applicant's achievements reflect his/her ability**

- Extremely Well     Very Well     Moderately Well     Not Well     No Basis for Judgment

Comments: \_\_\_\_\_

**The applicant's ability to set realistic and attainable goals is**

- Excellent     Good     Fair     Poor     No Basis for Judgment

Comments: \_\_\_\_\_

**The quality of the applicant's commitment to school and community is**

- Excellent     Good     Fair     Poor     No Basis for Judgment

Comments: \_\_\_\_\_

**The applicant is able to seek, find and use learning resources**

- Extremely Well     Very Well     Moderately Well     Not Well     No Basis for Judgment

Comments: \_\_\_\_\_

**The applicant demonstrates good problem-solving skills, follows through and completes tasks**

- Extremely Well     Very Well     Moderately Well     Not Well     No Basis for Judgment

Comments: \_\_\_\_\_

**The applicant's respect for others is**

- Excellent     Good     Fair     Poor     No Basis for Judgment

Comments: \_\_\_\_\_

**The ability of this applicant to assume leadership roles is**

- Excellent     Good     Fair     Poor     No Basis for Judgment

Comments: \_\_\_\_\_

**The level of maturity displayed by the applicant is**

- Excellent     Good     Fair     Poor     No Basis for Judgment

Comments: \_\_\_\_\_

**The overall success in higher education predicted for this applicant will probably be**

- Excellent     Good     Fair     Poor     No Basis for Judgment

Comments: \_\_\_\_\_

**Has the applicant ever been disciplined by the school? If yes, explain:**

No  Yes  \_\_\_\_\_  
\_\_\_\_\_

**Have the applicant's studies been seriously affected by outside work, illness or other factors? If yes, explain:**

No  Yes  \_\_\_\_\_  
\_\_\_\_\_

**In your opinion, has this applicant been working up to his or her true level of ability?**

No  Yes  \_\_\_\_\_  
\_\_\_\_\_

**SUPPLEMENTAL INFORMATION: Please complete this section, as it is very helpful to the MTA/NJ Education Committee while reviewing the application.** Are there any other facts or impressions, which you feel the MTA/NJ Education Committee should know about this student? Should you require additional space to provide further comments and/or personal recommendations, please use the school's letterhead and reference the applicant on the page.

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

Print Name	Signature		
Title	Date		
School Name	Phone Number		
School Address	City	State	Zip

**May we contact you if necessary?**                       Yes                       No

**I understand that I have the option to waive my right of future access to this person's recommendation/evaluation. (Check One)**

- I hereby waive my right to future access to this person's recommendation/evaluation
- I hereby do not waive my right to future access to this person's recommendation/evaluation.

**Complete and Mail back to:  
The Marine Trades Association of NJ Foundation  
2516 Highway 35, Suite 201  
Manasquan, NJ 08736**

**DEADLINE FOR APPLICATION IS MAY 1, 2017**



**MARINE TRADES ASSOCIATION OF NEW JERSEY FOUNDATION  
2017 FAMILY SCHOLARSHIP**



**(Please attach with completed application)**

Should you be selected, we would like the opportunity to publicly announce the name of the award recipient and would like you and your parents/guardians to indicate consent of our use of your name for this purpose. We will only disclose your name upon you and your parent's/guardian's approval as indicated below. Not signing this acknowledgement has no impact on the decision making process for the award (i.e. no preference is afforded to an applicant who signs this acknowledgement).

- I hereby authorize The Marine Trades Association of New Jersey or its related entities to identify me as a scholarship recipient in any publication promoting the scholarship program. This consent is limited to the use of my name and picture, if so provided.

**Signature(s):**

---

Applicant Name (print)

Signature

---

Parent or Guardian (if recipient under 18) (Print)

Signature

---

Date