

**MARINE TRADES ASSOCIATION OF NEW JERSEY FOUNDATION
2019 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	Number _____ out of _____ students (Class rank in HS)		
			Any Military Duty (If yes, how many years?) _____

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)
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Upon returning to college in the Fall of 2019, what will be your grade level? (Example 1st 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)
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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
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Do you feel that your grades are an accurate reflection of your ability? If not, what circumstances prevented you from doing better? _____

Activities Awards and Honors

List all school activities in which you have participated during high school/college. (i.e. student government, music, etc.)

Activity	Number of Years	Awards/Honors	Offices Held

List all outside school activities in which you have participated without pay during school (i.e. civic involvement, volunteer work, family responsibilities, etc.)

Organization	Number of Years	Awards/Honors	Describe Involvement

Work Experience

Indicate history of employment.

Company	Position	Dates (Mo./Yr. – Mo./Yr.)	Average Hrs./Week	Salary \$/Hour

Applications for Scholarships/Grants/Financial Aid from Other Organizations

List all scholarships, grants and financial aid programs that you have received/applied for in the prior and current years and also indicate current year amounts. (Also include those for which you are still waiting for notification.)

Name of Scholarship/Grant/Financial Aid Program

Amount Awarded

Amount Applied For

Prior Year

Current Year

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"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, 2018. 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 2019 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, 2019

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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 2019 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 2019 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 1st, 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

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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 2019 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 2019 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 1st, 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

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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**

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(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