**Rochelle Park Education Association**

**APPLICATION FOR SCHOLARSHIP**

**Class of 2024**

**DEADLINE FOR APPLICATION: May 17, 2024**

THE INFORMATION IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL

\*Please print neatly in blue/black ink or fill out digitally\*

**Applicant & Family Information:**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Siblings \_\_\_\_\_\_\_\_\_\_ Number of siblings currently in college \_\_\_\_\_\_\_\_\_\_

What other scholarships, if any, have been awarded to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**School Experience:**

Elementary/Middle School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Year \_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Year \_\_\_\_\_\_\_\_

**Future Institution:**

Name of institution you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently accepted to the institution? ◻ YES ◻ NO

What is your planned area of study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\*\*To ensure fairness to all applicants, all elements on this page must be verified with the school/community activity leader. Parents cannot sign off on activities.\*\*\***

**\*Due to some restrictions that still exist due to COVID-19, please provide the**

 **contact informatio**n **(name & email/phone #) of activity leader in place of a signature if signature cannot be obtained\***

**School Activities:** Including any honors you received (can be verified by school principal/teacher or guidance office), any offices you held, and years of participation. Use separate paper if necessary.

| **SCHOOL ACTIVITIES** | **# OF YEARS** **OR GRADE #** | **VERIFICATION****SIGNATURE/CONTACT** |
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**Community Activities:** Can include work experience, volunteer opportunities, extra-curricular activities, etc.. Use separate paper if necessary.

| **SCHOOL ACTIVITIES** | **# OF YEARS** **OR GRADE #** | **VERIFICATION****SIGNATURE/CONTACT** |
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**Additional Criteria - Along with your application, please include the following:**

1. **Essay:** Write/Type a 200 – 300 word essay explaining your future goals and educational objectives.
2. **TWO Letters of Recommendation**
3. **High School Transcripts (Grades 9-12)**
4. **SAT/ACT Scores** (if applicable)

**Please mail all necessary forms to:**

R.P.E.A. c/o Midland School

 Attn: RPEA Scholarship Committee

 300 Rochelle Avenue

 Rochelle Park, NJ 07662

**OR**

**Digitally submit this application to any of the following members of the scholarship committee:**

Andrea Cahill - acahill@rochellepark.org

Keely Coffey - kcoffey@rochellepark.org

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