

COLUMBIA HIGH SCHOOL SCHOLARSHIP FUND

P.O. Box 315, Maplewood, New Jersey 07040

www.chssf.org

CONFIDENTIAL APPLICATION FOR GRADUATES

PLEASE READ CAREFULLY
Do not file your application unless every question is answered. If question does not apply, answer it by showing a dash (-). **Incomplete applications will not be reviewed for scholarship consideration.**

G1. _____
Applicant's last name First name Middle name M F

G2. _____
Home address number Street City State Zip Code

G3. _____
Telephone: (Home #) (Cell #) Social Security Number

G4. _____
Year of High School Graduation E-Mail Address College ID# (If applicable)

G5. _____
Special Scholarships for which you may be eligible (See Instruction Sheet)

A1. College/School now attending _____
Name Address
Present year in college: Freshman Sophomore Junior Senior

A2. College or School which you will be attending (if different) _____
Name Address

PLEASE INCLUDE A COPY OF YOUR TRANSCRIPT SHOWING YOUR FALL SEMESTER GRADES

A3. Applicant lives with: Parents Mother Father Spouse School Housing Other _____

A4. Is applicant married? Yes No Dependents? Yes No How many? _____

A5. Applicant is: In School Working Other (Please explain): _____

A6. What field of study are you pursuing? _____

A7. Are you receiving financial aid? Yes No **(Check any that apply):** Scholarship/Grant Loan Work Study

Explain how you financed this school year and how you plan to finance the school you will attend next year.

| | 2009-2010 Actual Estimated | | 2009-2010 Actual Estimated | | |
|--|------------------------------------|----|---|----|----|
| A8. EDUCATIONAL EXPENSES | A9. FINANCIAL RESOURCES | | | | |
| Tuition and fees | \$ | \$ | Grants, scholarships, fellowships, work study, and any other sources of financial aid. (List) | \$ | \$ |
| Room | \$ | \$ | Loans (bank, student, state, credit card, other) | \$ | \$ |
| Board | \$ | \$ | Contribution from applicant's parents/guardian | \$ | \$ |
| Books and Supplies | \$ | \$ | Contribution from others | \$ | \$ |
| Transportation: (two round trip railroad, bus, air coach fares if applicant is a resident student or commuting expenses if applicant is a commuter.) | \$ | \$ | Applicant's wages, tips, savings, etc. | \$ | \$ |
| | | | Applicant's interest and investments | \$ | \$ |
| | | | Social Security benefits | \$ | \$ |
| TOTAL EDUCATIONAL EXPENSES | \$ | \$ | Veterans benefits | \$ | \$ |
| | | | TOTAL FINANCIAL RESOURCES | \$ | \$ |

| PARENT(S) / GUARDIAN(S) / SPOUSE (If Applicable) INFORMATION | | | | | |
|--|--|--------|--------|----------|--------|
| | | MOTHER | FATHER | GUARDIAN | SPOUSE |
| P1. | Name | | | | |
| P2. | Address (if other than applicant's) | | | | |
| P3. | Age | | | | |
| P4. | Current Marital Status | | | | |
| P5. | Occupation | | | | |
| | Number of years employed at same | | | | |
| | Annual salary before taxes | | | | |
| | this year estimated | | | | |
| | last year actual | | | | |
| | Other income (gifts, social security, child support, etc.) | | | | |
| P6. | Assets / Expenses | | | | |
| | Home (If Owned) | | | | |
| | year purchased | | | | |
| | purchase price | | | | |
| | present assessed value | | | | |
| | what is owed on mortgage | | | | |
| | annual mortgage payments (including taxes) | | | | |
| | If you do not own a home, indicate annual residence rental fees | | | | |
| | Value of other real estate (Rental property, summer home, timeshare, etc.) | | | | |
| | Capital Value of Business, if owned | | | | |
| | Value of your share | | | | |
| | Cash, Savings, Checking accounts, etc. | | | | |
| | Other investments (stocks, bonds, CD's, 529 plans) DO NOT INCLUDE IRA's, 401k, 403(b) etc. | | | | |
| | Car(s) - year and make | | | | |

P7. EXPLANATION OF SPECIAL CIRCUMSTANCES

Please explain any special family circumstances, unusual expenses, illness, debts, dependencies, retirement provisions, etc. that would allow a fair evaluation of your financial need.

**WITH THIS APPLICATION
PLEASE SUBMIT A COPY OF THE MOST RECENTLY FILED INCOME TAX RETURN
OF APPLICANT AND PARENT(S) / GUARDIAN(S) / SPOUSE (If Applicable)
DO NOT SUBMIT W-2 FORMS**

A10. I Agree to report to the Columbia High School Scholarship Committee, P.O. Box 315, Maplewood, NJ 07040, any scholarship grants and/or loans received after this application has been submitted. Failure to do so may jeopardize award.

Date _____
Month Day Year Signature of Applicant

APPLICANT EMPLOYMENT/VOLUNTEER INFORMATION

A11. Please give a brief statement of your employment during the school year and wages earned; also regular volunteer activities.

A12. Please give a brief statement of your activities last summer including wages earned, and what is planned for this summer including estimate of wages.

APPLICANT'S DECLARATION

The information contained in this application is true to the best of our knowledge. We authorize its use by the Columbia High School Scholarship Fund.

Date _____
Month Day Year Signature of Parent / Guardian / Spouse

Date _____
Month Day Year Signature of Applicant

ADDITIONAL COMMENTS: