



Elizabeth Education Association

February 2019

To: Scholarship Applicants
From: EEA Scholarship and Awards Committee
Subject: Elizabeth Education Association Scholarship Applications -2019

Congratulations on all that you have achieved up to this point in your educational career. As you are applying for the Elizabeth Education Association Scholarship, we ask you to consider some of the following important information:

1. The four (4) EEA Scholarships are given to seniors who plan to attend college. You **must** have completed **60** hours of community service by scholarship deadline of **April 17, 2019**.
Total scholarship: \$1750 each
2. In addition to the attached and completed application, please answer the following questions:
 - a. Why do you believe you should be considered for the Elizabeth Education Association Scholarship Award?
 - b. What are your plans and goals for the future? Include both your educational and career goals.
 - c. To which colleges, universities or technical/vocational schools have you applied or do you plan to apply to? Have you been accepted to any of those you listed?
 - d. In an essay of two hundred fifty (**250**) words or less explain what an education in the Elizabeth Public Schools has meant to you.

Please type or print the questions followed by your responses and include your name and Social Security Number on each page.

3. Please attach the three (3) required letter of reference along with their addresses.
4. Please list any volunteer activities you have participated in within the last four (4) years. They do not have to be limited to your school and community.
5. Completed application packets consist of the following: Completed application form, Responses to the above listed questions, at least three (3) references, as well as a copy of your High School Transcript including your SAT scores.
6. Completed application packets must be submitted to the EEA Office no later than **April 17, 2019** to the following address:

Elizabeth Education Association
EEA Scholarship and Awards Committee- 2019
1 Union Square, 2nd Floor
Elizabeth, New Jersey 07201

We wish you the best of luck and continued success in the upcoming year!

ELIZABETH EDUCATION ASSOCIATION SCHOLARSHIP AWARD (4)
 Scholarship Application 2019 **Seniors of Elizabeth Public High Schools**



\$1,750

APPLICANT INFORMATION

Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Parent or Guardian		
Social Security No.	Parent or Guardian		

EDUCATION

High School	Address			
From	To	Date of Graduation	Class Rank	Total No. in Class
Guidance Counselor			Phone Number	

CAREER GOAL

AWARDS & RECOGNITIONS

If you require additional space, please feel free to attach sheets as needed.

Are you a Member of the National Honor Society? YES NO

Honors & Awards *Please state Name or Honor and/or award and year.*

Name	Year
Name	Year
Name	Year
Name	Year

Scholastic *Please include both Academic and extra curricular in addition to name and year.*

Name	Year
Name	Year
Name	Year
Name	Year

Leadership *Please include positions held both in the school and community in addition to name and year.*

Name	Year
Name	Year
Name	Year
Name	Year

LIST THE COLLEGES, UNIVERSITIES OR TRADE SCHOOLS TO WHICH YOU HAVE APPLIED IN ORDER OF PREFERENCES.

School Name	<i>Accepted</i>	Yes	No
School Name	<i>Accepted</i>	Yes	No
School Name	<i>Accepted</i>	Yes	No
School Name	<i>Accepted</i>	Yes	No

Have you applied for Financial Aid or Scholarships? If so, please complete the following section.

FINANCIAL AID

Scholarship or Tuition Aid	Amount	<i>Granted</i>	Yes	No
Scholarship or Tuition Aid	Amount	<i>Granted</i>	Yes	No
Scholarship or Tuition Aid	Amount	<i>Granted</i>	Yes	No
Scholarship or Tuition Aid	Amount	<i>Granted</i>	Yes	No

Please list all jobs that you have held while in High School, State your earnings and Approximate time worked per week.

EMPLOYMENT HISTORY

Place of Employment	Hours Worked	Salary	<i>Dates of Employment</i>
Place of Employment	Hours Worked	Salary	<i>Dates of Employment</i>
Place of Employment	Hours Worked	Salary	<i>Dates of Employment</i>
Place of Employment	Hours Worked	Salary	<i>Dates of Employment</i>

Please list the members of your immediate family, other than your parents.

FAMILY

Name of College if Attending

Name	Relationship	Age	
Name	Relationship	Age	
Name	Relationship	Age	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in my disqualification from eligibility for this award.

Signature

Date

Please include the following supporting information with your completed application:

STUDENT'S STATEMENT – Please explain your educational and career goals in 250 words or less.

REFERENCES – Please enclose at least three (3) letters of reference.

HIGH SCHOOL TRANSCRIPT – A copy of American College SAT Reasoning Test scores MUST BE SUBMITTED WITH YOUR APPLICATION.