



Elizabeth Education Association

February 2019

To: Scholarship Applicants

From: EEA Scholarship Committee

Subject: Elizabeth School Nurse's Social Club Scholarship – 2019

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

1. The **Elizabeth School Nurse's Social Scholarship** is given to a High School Senior enrolled in the **EHS Nursing Program** and has committed to attending a Nursing Program upon Graduation. Total Scholarship is **\$500**.
2. In addition to the attached and completed application, please include a personal statement of no more than **300** words. Your personal statement should reflect your personal, educational and career goals, as well as **how you see yourself making an impact in the Nursing Profession**.
3. Please attach the three (3) required letters 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. You **MUST** have completed **60 Hours** of Community Service by **the application deadline of April 17, 2019**.
6. Your High School transcript with SAT score must be provided.
7. Completed application packets must be submitted to the EEA office no later than **April 17, 2019**.

Please type or print your personal statement and include your name and Social Security Number on each page.

Send completed applications to the following address:

Elizabeth Education Association

EEA Scholarship 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 SCHOOL NURSE'S SOCIAL CLUB SCHOLARSHIP

Scholarship Application 2019



\$500

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		
Sponsoring Association Member	Relationship	Worksite	

EDUCATION

High School	Address		
From	To	Date of Graduation	Total No. in Class
Guidance Counselor	Class Rank		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
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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 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			<i>Name of College if Attending</i>
Name	Relationship	Age	
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
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Please include the following supporting information with your completed application:

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

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

HIGH SCHOOL TRANSCRIPT – A copy of your College Entrance Examination Board (CEEB), or the American College Testing Program (ACT) or SAT Reasoning Test scores **MUST BE SUBMITTED WITH YOUR APPLICATION.**



Elizabeth Education Association

To: Scholarship Applicants
From: EEA Scholarship Committee
Subject: Thomas A. Edison Culinary Scholarship – 2019

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

1. **The Thomas A. Edison Culinary Scholarship** is for a senior who, upon graduation, will be attending a Post – Secondary Culinary Program. Total Scholarship is **\$500**.
2. In addition to the attached and completed application, please include a personal statement of no more than **250** words. Your personal statement should reflect your personal, educational and career goals.
3. You must also include in no more than **100** words, **“What has made you passionate about pursuing a Culinary Career”?**
4. Please attach the three (3) required letters of reference along with their addresses.
5. 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.
6. You **MUST** have completed **60 Hours** of Community **Service by the application deadline of April 17, 2019.**
7. Your High School transcript with SAT score must be provided.
8. Completed application packets must be submitted to the EEA office no later than April 17, 2019.

Please type or print your personal statement and include your name and Social Security Number on each page.

Send completed applications to the following address:

Elizabeth Education Association
EEA Scholarship 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!

THOMAS A. EDISON CULINARY SCHOLARSHIP

Scholarship Application 2019



\$500

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		
Sponsoring Association Member	Relationship	Worksite	

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
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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			<i>Name of College if Attending</i>
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, personal and career goals in 250 words or less.

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

HIGH SCHOOL TRANSCRIPT – A copy of your College Entrance Examination Board (CEEB), or the American College Testing Program (ACT) or SAT Reasoning Test scores **MUST BE SUBMITTED WITH YOUR APPLICATION.**



Elizabeth Education Association

February 2019

To: Scholarship Applicants
From: EEA Scholarship and Awards Committee
Subject: AFLAC Award Application 2019

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

1. The **AFLAC Award** is awarded to a qualified high school senior.
*Total award amount: **One (1) Laptop Computer.***
2. In addition to the attached and completed application, please include a personal statement of no more than two hundred fifty (**250**) words. Your personal statement should reflect your personal, educational and career goals.

Please type or print your personal statement and include your name and Social Security Number on each page.
3. Please attach the three (3) required reference letters along with their addresses.
4. Completed application packets consist of the following: Completed application form, your personal statement, three (3) letters of reference, as well as a copy of your High School Transcript including your ACT, SAT or CEEB scores.
5. 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.
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!

LAPTOP

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		
Sponsoring Association Member	Relationship	Worksite	

EDUCATION

High School	Address		
From	To	Date of Graduation	Total No. in Class
Guidance Counselor			Class Rank 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
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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			<i>Name of College if Attending</i>
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 300 words or less.

REFERENCES – Please enclose at least two letters of reference.

HIGH SCHOOL TRANSCRIPT – A copy of your College Entrance Examination Board (CEEB), or the American College Testing Program (ACT) or SAT Reasoning Test scores **MUST BE SUBMITTED WITH YOUR APPLICATION.**



Elizabeth Education Association

February 2019

To: Scholarship Applicants
From: EEA Scholarship and Awards Committee
Subject: AXA Financial Services Scholarship Application 2019

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

1. **The AXA Financial Services Scholarship** is given to a high school senior who will be attending college. *Total grant amount: \$1900*
2. In addition to the attached scholarship application, please include a personal statement of no more than two hundred fifty (250) words. Your personal statement should reflect your personal, educational and career goals.

Please type or print your personal statement and include your name and Social Security Number on each page.

3. Please attach the three (3) letters of reference along with their addresses.
4. Completed application packets consist of the following: Completed application form, your personal statement, three (3) reference, as well as a copy of your High School Transcript including your ACT, SAT or CEEB scores.
5. 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.
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!

AXA FINANCIAL SERVICES

Scholarship Application 2019



\$1900

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		
Sponsoring Association Member	Relationship	Worksite	

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

AWARDS & RECOGNITIONS		
<i>If you require additional space, please feel free to attach sheets as needed.</i>		
Are you a Member of the National Honor Society?	YES	NO
Honors & Awards	<i>Please state Name or Honor and/or award and year.</i>	
Name	Year	
Name	Year	
Name	Year	
Name	Year	
Scholastic	<i>Please include both Academic and extra curricular in addition to name and year.</i>	
Name	Year	
Name	Year	
Name	Year	
Name	Year	
Leadership	<i>Please include positions held both in the school and community in addition to name and year.</i>	
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			<i>Name of College if Attending</i>
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 your College Entrance Examination Board (CEEB), or the American College Testing Program (ACT) or SAT Reasoning Test scores **MUST BE SUBMITTED WITH YOUR APPLICATION.**



Elizabeth Education Association

February, 2019

To: Scholarship Applicants
From: EEA Scholarship and Awards Committee
Subject: Eleanor Bowser Award Application 2019

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

1. The Eleanor Bowser Award is awarded to a qualified high school senior.
*Total award: **One(1) Laptop Computer***
2. In addition to the attached and completed application, please include a personal statement of no more than two hundred fifty (**250**) words. Your personal statement should reflect your personal, educational and career goals.

Please type or print your personal statement and include your name and Social Security Number on each page.

3. Please attach the required three (3) letters of reference along with addresses.
4. Completed application packets consist of the following: Completed application form, your personal statement three (3) letters of reference, as well as a copy of your High School Transcript including your ACT, SAT or CEEB scores.
5. 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.
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!

ELEANOR BOWSER AWARD

Scholarship Application 2019



LAPTOP

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		
Sponsoring Association Member	Relationship	Worksite	

EDUCATION

High School	Address		
From	To	Date of Graduation	Total No. in Class
Guidance Counselor	Class Rank		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 300 words or less.

REFERENCES – Please enclose at least two letters of reference.

HIGH SCHOOL TRANSCRIPT – A copy of your College Entrance Examination Board (CEEB), or the American College Testing Program (ACT) or SAT Reasoning Test scores **MUST BE SUBMITTED WITH YOUR APPLICATION.**



Elizabeth Education Association

February, 2019

To: Scholarship Applicants

From: EEA Scholarship and Awards Committee

Subject: Entertainment Industries Federal Credit Union Scholarship Application 2019

Congratulations on all that you have achieved up to this point in your educational career. As you are applying for the Colonial Life & Accident Insurance Company Scholarship, we ask you to consider some of the following important information:

1. **The Entertainment Industries Federal Credit Union Scholarship** is awarded to a qualified high school senior who will be attending college. *Total scholarship: \$500*
2. In addition to the attached and completed application, please include a personal statement of no more than two hundred fifty (**250**) words. Your personal statement should reflect your personal, educational and career goals.

Please type or print personal statement and include your name and Social Security Number on each page.

3. Please attach the required three (3) reference letters 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, your personal statement, three (3) reference letters, as well as a copy of your High School Transcript including your ACT, SAT or CEEB 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!

ENTERTAINMENT INDUSTRIES FEDERAL CREDIT UNION SCHOLARSHIP

Scholarship Application 2019



\$500.00

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		
Sponsoring Association Member	Relationship	Worksite	

EDUCATION

High School	Address		
From	To	Date of Graduation	Total No. in Class
Guidance Counselor	Class Rank		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
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Honors & Awards *Please state Name or Honor and/or award and 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			<i>Name of College if Attending</i>
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, personal and career goals in 250 words or less.

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

HIGH SCHOOL TRANSCRIPT – A copy of your College Entrance Examination Board (CEEB), or the American College Testing Program (ACT) or SAT Reasoning Test scores **MUST BE SUBMITTED WITH YOUR APPLICATION.**



Elizabeth Education Association

February 2019

To: Scholarship Applicants

From: EEA Scholarship and Awards Committee

Subject: Strategies for Wealth Athlete/Scholar Award Scholarship Application 2019

Congratulations on all that you have achieved up to this point in your educational career. As you are applying for the Strategies for Wealth Athlete/Scholar Award Scholarship, we ask you to consider some of the following important information:

1. **The Strategies for Wealth Athlete/Scholar Award Scholarship is** awarded to a qualified high school Senior/Athlete Scholar. *Total scholarship: \$500*
2. In addition to the attached and completed application, please include a personal statement of no more than two hundred fifty (**250**) words. Your personal statement should reflect your personal, educational and career goals.

Please type or print personal statement and include your name and Social Security Number on each page.

3. Please attach the three (3) required letters of reference along with their addresses.
4. Completed application packets consist of the following: Completed application form, your personal statement, three (3) letters of reference, as well as a copy of your High School Transcript including your ACT, SAT or CEEB scores.
5. 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.
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!

STRATEGIES FOR WEALTH ATHLETE/SCHOLAR AWARD

Scholarship Application 2019



\$500

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		
Sponsoring Association Member	Relationship	Worksite	

EDUCATION

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

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, personal and career goals in 250 words or less.

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

HIGH SCHOOL TRANSCRIPT – A copy of your College Entrance Examination Board (CEEB), or the American College Testing Program (ACT) or SAT Reasoning Test scores **MUST BE SUBMITTED WITH YOUR APPLICATION.**