NEW JERSEY ELKS FAMILY SCHOLARSHIP APPLICATION APRIL 15, 2024, TO JUNE 30, 2024

Scholarship for the Children, Grandchildren and Great-grandchildren of Elks

<u>Eligibility</u>

- 1. Any son or daughter (or stepson or stepdaughter) (or grand or great-grand child or stepchild) of an Elk who has been a member in good standing for at least one year is eligible to apply for the NJ Elks Family scholarship. The Elk must have been a member for at least one year as of March 31 of the year in which the application is submitted and must be a paid-up member through March 31 of the following year.
- 2. The applicant must be a graduating high school senior (May or June 2024) or a college freshman, sophomore, or junior who is a full-time student at a two- or four-year college/university.
- 3. Scholarship awards may only be applied to accredited US American schools, colleges, or universities.

Please note that this Application Form is for the New Jersey Elks Family Scholarship based on the 2023-24 academic year. All applicants for the New Jersey Elks Family Scholarship will be **notified by email** by the end of August 2024 (if you do not receive an email, please look in your spam folder). All winners will receive an attachment that must be completed and returned by September 15, 2024. <u>NO EXCEPTION</u>

By signing each part, you understand that the decisions of the New Jersey State Elks Association Selection Committee with respect to the selection of award winners will be final.

PART I: Sponsoring Member: To be completed by the Elk Parent, Grandparent or Great-Grandparent with the longest continuous membership.

Name:	Ĩ		Spouse:	
Home Address:				
Elks Lodge:	Lo	dge Number:	District:	
Youre Membership Num	ber:	How long have	e you been an Elk?	
Relationship to Student I	Below: □ Father	□ Stepfather	\Box Mother \Box S	Step-Mother
□ Grand-Father Grand or Great-Gran	□Grand-Mother Step- d or Great-Grand or G		Step-Grandmother	or Great-
I verify that all the above	e statements are true: _	Signatu		Date:

PART II: To be completed by the student. <u>Please read the following paragraph completely.</u>

This questionnaire is designed to collect information about your background, your interests, and your career plans. Your answers to these questions are confidential and will be reviewed by an independent scholarship selection committee. The selection of scholarship recipients will be influenced by the completeness of replies, neatness, and legibility. Please limit your responses to the space provided (i.e., <u>**DO** NOT</u> attach a separate piece of paper except for parts 4 & 7). **Please type or print neatly.**

1. YOU - THE APPLICANT

Name:				So	cial Security	#: XX	X-XX-
Last	First		e Initial				
Street Address:				-	Phone: ()	_=
City, State, Zip:							
Email Address:					(must be va	alid throu	ugh Fall of 2024)
Date of Birth (month-date	e-year):	_//		Age	e:	Sex:	
2. YOUR SCHOO	<u>OLING</u>						
Year in School (2023-202	4): □ HS	Senior	🗆 Coll. Freshm	nan 🗆	Coll. Sopho	omore	□ Coll. Junior
Present High School or Co	ollege:						
High School/College Add	ress:						

3. LEADERSHIP SECTION

Honors and Awards

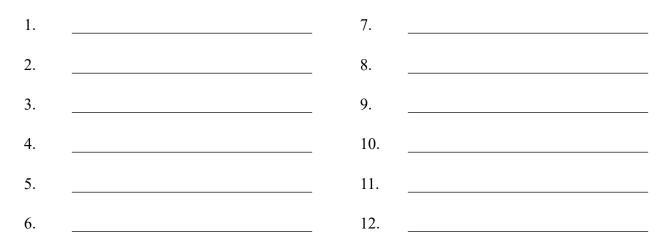
Only include scholastic, extracurricular, and civic honors and awards that you have received over the <u>past</u> year (June 16, 2023, until June 15, 2024).

1	 2.	
3.	 4	
5.	 6.	
7	 8.	

Activities and Organizations

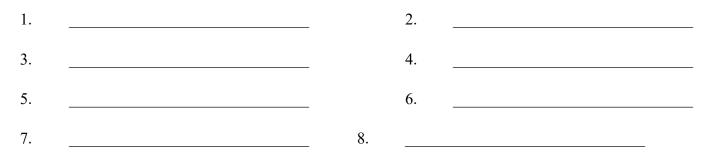
10.

Only include all scholastic, extracurricular, and civic organizations that you participated in over the <u>past</u> year (June 16, 2023, until June 15, 2024).



Offices and Positions of Leadership

Only state the name of the organization and office that you have held over the <u>past</u> year (June 16, 2023, until June 15, 2024).



4. YOUR WORK EXPERIENCE AND SERVICE TO THE COMMUNITY

Only list chronologically the jobs you have held over the <u>past</u> year (June 16, 2023 until June 15, 2024). Include baby-sitting and work on a family farm or business. Use additional sheets as necessary.

Kind of Work

Name of Employer

Dates of Employment

Total Hours* ▼ ***Total Hours** means total hours worked at that job. Do not write; varies, hours per week, as needed or approximately.

Only list volunteer work or community service you performed without pay over the <u>past</u> year (June 16, 2023, until June 15, 2024). Use additional sheets as necessary.

Kind of Work	Name of Agency or Organiza	*Total Hours pg. 3	
▼	\checkmark	▼	▼

***Total Hours** means total hours spent volunteering with that Agency or Organization. Do not write; varies, hours per week, as needed or approximately.

5. YOUR EXPERIENCE

Describe the experience, either academic or personal, that gives you the feeling of greatest achievement or pride.

6. YOU AND YOUR FAMILY

Describe any family characteristics or experiences that you wish to share with us.

Enter the name(s) of the parent(s) or guardian(s)	who support you:
-----------------------------------	------------------	------------------

Enter the name(s) of the parent(s) or guardian(s) you live with:	
How many siblings do you have? Number:	
	pg. 4
Names and Ages:	
7. YOUR CURRENT AND FUTURE PLANS	
On an attached sheet (limit to no more than one typed page, double spaced), describe your present educational goals, fields of interest, and possible career aspirations in 300 words or less.	
I verify that all the above statements are true: Date: Date:	
NOTE: Please send the following to sponsor member's lodge secretary before June 30, 2024	4

- a) This completed application.
- b) Your one-page sheet (300 words or less) describing your goals, interests, and aspirations.
- c) An up-to-date transcript showing your cumulative GPA or your cumulative percentage average.
- d) One sealed letter of reference from someone who knows you. This is NOT to be a check list or form letter type of recommendation.

PART III: To be completed by local lodge secretary.

Has the Elk parent listed in Part I been a member in good standing?
for at least one year as of March 31, 2024?
Yes
No
Has the Elk parent listed in Part I paid his or her membership dues?
through March 31, 2025?
Yes
No

Please consult with the other officers and verify that the statements made by the parent/guardian are correct.

Please feel free to add any comments that your lodge may feel are pertinent to this application.

I verify that all the above statements are true:		Date:
Lodge secretary's signature	SEAL DISTRICT:	

Lodge Secretary: Must be sent before July 30th. Please check to make sure that the application is complete and you have all the necessary parts then forward it a.s.a.p. to the

Region 1 Scholarship Co-Chair: Karen Imperatrice, 56 Mercury Ave. Colonia NJ 07067

scholarship_ region1@njelks.org

pg. 5