

NEW JERSEY GOVERNMENT FINANCE OFFICERS SCHOLARSHIP FUND -2016

Date of Application \_\_\_\_\_ Academic Year 20\_\_ to 20\_\_

Applicant's Name \_\_\_\_\_

ALL INFORMATION GIVEN IN THE APPLICATION IS CONFIDENTIAL

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Present School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Father or Guardian

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Deceased

Mother or Guardian

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Deceased

List below all brothers and sisters:

NAME AGE NAME OF PRESENT SCHOOL,

COLLEGE OR OCCUPATION

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

If any of your brothers or sisters attend private elementary or secondary schools, indicate:

1. Parents= Financial Obligation \$ \_\_\_\_\_

2. Scholarship Assistance \$ \_\_\_\_\_

Indicate total amount of money (tuition, fees, room and board) your parents have already contributed to the higher education of brothers and sisters:

Total Amount \$ \_\_\_\_\_

Was (or is) scholarship assistance given ( ) Yes ( ) No If Yes, Total

Amount \$ \_\_\_\_\_

**COLLEGES OR INSTITUTIONS APPLIED TO:**

Name of College or Institution      Accepted    Rejected    Have Not Heard

1st Choice \_\_\_\_\_ ( ) ( ) ( )

2nd Choice \_\_\_\_\_ ( ) ( ) ( )

3rd Choice \_\_\_\_\_ ( ) ( ) ( )

4th Choice \_\_\_\_\_ ( ) ( ) ( )

Indicate other dependents:

**NAME RELATIONSHIP ADDRESS**

1. \_\_\_\_\_ | \_\_\_\_\_

2. \_\_\_\_\_ | \_\_\_\_\_

**GROSS ANNUAL INCOME**

Father's Total Income (from employment) \$ \_\_\_\_\_

Mother's Total Income (from employment) \$ \_\_\_\_\_

Income From Other Sources:

Dividends, Interest and Bonuses \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Pensions and Social Security \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total of the Above \$ \_\_\_\_\_

NOTE: The Screening Committee reserves the right to request page 1 of the Federal Income Tax Form

Prospective Major \_\_\_\_\_

Course Duration \_\_\_\_\_

**ESTIMATED EXPENSES FOR THE NEXT YEAR AT YOUR 1st CHOICE**

Name of Institution or College \_\_\_\_\_

1. Tuition and Fees \$ \_\_\_\_\_

2. Room and Board \$ \_\_\_\_\_

3. Transportation \$ \_\_\_\_\_

4. Books and Supplies \$ \_\_\_\_\_

5. All Other \$ \_\_\_\_\_

Total Expense \$ \_\_\_\_\_

**PLAN FOR FINANCING**

First Year Second Year Third Year Fourth Year

Student Savings \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Summer Earnings

Anticipated \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

School Year Earnings

Anticipated \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Assistance from Parents or Guardians:

1.Savings \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

2.Earnings \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Sources or Loans \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

#### Renewable Scholarships

If Applicable \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Resources \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

#### Additional Amount Needed

For Year of Application \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

#### OTHER SCHOLARSHIPS OR AID

\*List all, other than local, scholarships or aid applied for:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

\*You are requested to notify the Scholarship Committee Chairperson immediately upon your receipt of any other award made to you upon your receiving notice of any such award including college financial aid packages. Failure to do so might jeopardize your chance for favorable consideration by the Committee or might result in the withdrawal of any scholarship to you.

#### FINANCIAL AID FORM (FAF)

Have you filed a Financial Aid Form? ( ) Yes ( ) No

If Yes, please attach a copy.

#### REFERENCES

Please list names, addresses and phone numbers of three people to whom the Screening Committee can refer. In what capacity have they known you? Include a letter of recommendation from one teacher or, if

you are a college student, a letter from one professor or instructor. Letters of recommendation should reach the scholarship committee by the same deadline as application.

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### PERSONAL LETTERS

Include with this application a personal letter telling why you want to further your education, why you chose the particular institution that you did; what vocation you plan to pursue; what factors influenced your choice; your favorite school subject, your interests, abilities and hobbies. Tell how you have used any money you have earned. Refer to special family circumstances (such as uninsured, unusual medical costs, or loss of job) or anything else of interest which would support your application.

#### ACADEMIC RECORDS

Please request the Guidance Office or the College Registrar to forward a transcript of your records (including SAT scores) directly to the Scholarship Chairperson. If you are in college and applying for the first time, please submit a high school transcript as well.

The Screening Committee Relies completely upon the application and the materials requested herein. It is requested that a parent or guardian sign this application after reading it and in so doing declare the information to be true and correct to the best of his/her knowledge. Be assured that this information will be kept in the strictest confidence.

Signature of Applicant Verified by: Signature of Parent or Guardian:

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TEST FOR QUALIFICATION:

1. Are you a child of a deceased or disabled mother or father who worked in government?

(a) yes or (b) no

2. Are you enrolled in an accredited college or university, or have you been accepted by an accredited college or university? (a) yes or (b) no

3. Does your Annual Gross Income reported on Page 3 of this application match page 1 of the respective Federal Income Tax Form(s)? (a) yes or (b) no If the answer is yes to all three questions, then continue to fill out and submit application.

PLEASE NOTE THE FOLLOWING:

Scholarships shall be awarded to any member, active or retired included, of the Government Finance Officers Association or a dependent of a government employee. There are no restrictions or limitation based on race or employment status of the prospective recipient or and dependent of the prospective recipient. The number of eligible recipients is not known at this time.

Government Employee includes: All State, Federal, County, Municipal, Authorities, Utilities and School Employees (Teachers and Administrative Staff included).

RETURN COMPLETE APPLICATION TO:

GFOA Scholarship  
Roxanne Tosto  
Care Of  
308 West State Street  
Trenton, NJ 08618

Deadline: July 31, 2016