



DATE APPLIED: _____

DATE RECEIVED: _____

SCHOLARSHIP APPLICATION

**AAngelsNJ Breast Cancer Awareness & Child Survivor Scholarship Application
Deadline: April 27, 2019**

**PLEASE FILL IN THIS FORM COMPLETELY, ACCURATELY AND NEATLY – TYPE OR USE BLACK INK
Postmarked date must be on or before April 27, 2019**

Mail application to: AAngelsNJ, P.O. Box 150, Montclair, NJ 07042 or email to info@aangelsnj.org

PLEASE INCLUDE A COPY OF YOUR OFFICIAL TRANSCRIPT

FULL NAME _____

HOME ADDRESS _____

PHONE NUMBER _____

HIGH SCHOOL ATTENDING _____ **SENIOR YEAR GPA** _____ **MIN 2.7 GPA**

HIGH SCHOOL GRADUATION DATE _____

COLLEGES TO WHICH YOU HAVE BEEN ACCEPTED: _____

COLLEGE YOU WILL BE ATTENDING: _____

TUITION PER YEAR: _____

PLEASE ATTACH A COPY OF ACCEPTANCE LETTER

LIST ALL SCHOLARSHIPS, GRANTS & FINANCIAL AID WHICH YOU HAVE BEEN AWARDED:

TOTAL AID: _____

PERSONAL INFORMATION

NAME OF FATHER OR GUARDIAN: _____ LIVING OR DECEASED (circle one)

ADDRESS: _____

NAME OF MOTHER OR GUARDIAN: _____ LIVING OR DECEASED (circle one)

ADDRESS: _____

PLEASE INDICATE MONTH/YEAR THAT PARENT WAS DIAGNOSED OR LOST THEIR BATTLE FOR LIFE DUE TO BREAST CANCER: _____

FATHER'S OCCUPATION: _____

EMPLOYED BY: _____

MOTHER'S OCCUPATION: _____

EMPLOYED BY: _____

TOTAL NUMBER OF PERSONS DEPENDENT ON PARENTS (PLEASE INCLUDE SELF & PARENTS): _____

NAMES/AGES OF FAMILY MEMBERS DEPENDENT ON PARENTS: _____

LIST ALL SCHOOL & COMMUNITY ACTIVITIES, HONORS, PRIZES HELD, OFFICES HELD:

LIST ALL VOLUNTEER HISTORY (HRS/WK, ORGANIZATION NAME, CONTACT, ADDRESS & PHONE NUMBER) ATTACH ON A SEPARATE SHEET IF NECESSARY.

ESSAY: PLEASE ATTACH ON A SEPARATE SHEET IN EITHER WORD OR PDF FORMAT, WHY BREAST CANCER AWARENESS IS IMPORTANT TO YOU. IF YOU ARE A CHILD WHOSE PARENT IS A SURVIVOR, OR YOU ARE A CHILD SURVIVOR OF PARENT WHO LOST THEIR BATTLE WITH BREAST CANCER, TELL US YOUR STORY AND HOW YOU CAN HELP TO EDUCATE OTHERS ABOUT BREAST CANCER AWARENESS.

I AFFIRM THAT THE ABOVE INFORMATION IS CORRECT & TRUE AND THAT I WISH TO BE CONSIDERED FOR A SCHOLARSHIP TO HELP FUND MY 2 YEAR OR 4 YEAR UNDERGRADUATE EDUCATION EXPENSES.

PARENT SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

GUIDANCE COUNSELOR SIGNATURE* _____ DATE _____

*(BY SIGNING THE ABOVE YOU CONFIRM THE INFORMATION PROVIDED BY STUDENT REGARDING GPA, COLLEGE ACCEPTANCE & ALL VOLUNTEER HOURS TO BE TRUE)

If awarded a scholarship, you must attend AAngelsNJ Pink Gala on Friday, June 21, 2019 at 6:30 pm.

AAngelsNJ Mission Statement:

Our mission is to serve and provide resources to underserved and underinsured individuals and families. We are committed to educating and navigating them through issues surrounding Preventive Care, Pre- and Post-Breast Cancer diagnoses and all aspects of Breast Health.

Vision Statement:

An end to late stage breast cancer deaths as a result of late state breast cancer diagnosis.

FOR INTERNAL USE ONLY BY AANGELSNJ:

All materials are in, confirmed and ready for review. Date & Initial: _____

Reviewed by: _____ Total points: _____

Comments: _____

Reviewed by: _____ Total points: _____

Comments: _____

Reviewed by: _____ Total points: _____

Comments: _____

Reviewed by: _____ Total points: _____

Comments: _____

Awarded: _____ Not Awarded: _____

Date notified: _____ Notification made by: _____ (Staff initial & Delivery method)

Date & Location award was presented: _____

Presented by: _____
