



DATE APPLIED: _____

DATE RECEIVED: _____

SCHOLARSHIP APPLICATION

AAngelsNJ 9th Annual Breast Cancer Awareness Scholarship Application

Deadline: May 31, 2021

**PLEASE FILL IN THIS FORM COMPLETELY, ACCURATELY AND NEATLY – TYPE OR USE BLACK INK
Postmarked date must be on or before May 31, 2021**

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 _____ **EMAIL** _____

HIGH SCHOOL ATTENDING _____ **SENIOR YEAR GPA** _____ **MIN 2.5 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 AWARDED: _____

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.

MOST IMPORTANT IS THIS 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 WHOSE PARENT/RELATIVE/FRIEND LOST THEIR BATTLE WITH BREAST CANCER, TELL US YOUR STORY AND WHY YOU BELIEVE IT IS IMPORTANT THAT WE ARE EDUCATED 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)

AAngelsNJ Mission Statement:

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

AAngelsNJ Vision Statement:

An end to Breast Cancer deaths and breast cancer related deaths specifically in underserved communities caused by lack of awareness and insurance which causes stage Breast Cancer diagnoses.

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: _____

Award Recipient contacted by: _____

Date: _____