



DATE APPLIED: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**SCHOLARSHIP APPLICATION**

**AAngelsNJ 9<sup>th</sup> Annual Breast Cancer Awareness Scholarship Application**

**Deadline: May 1, 2022**

**PLEASE FILL IN THIS FORM COMPLETELY, ACCURATELY AND NEATLY – TYPE OR USE BLACK INK  
Postmarked date must be on or before May 1, 2022**

**Mail application to: AAngelsNJ, P.O. Box 150, Montclair, NJ 07042 or email to [info@aangelsnj.org](mailto:info@aangelsnj.org)**

**PLEASE INCLUDE A COPY OF YOUR OFFICIAL TRANSCRIPT**

**FULL NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**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: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ Phone number: \_\_\_\_\_

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: \_\_\_\_\_