

**2019 NEW JERSEY ASSOCIATION OF FEDERAL PROGRAM ADMINISTRATORS**  
**STUDENT SCHOLARSHIP APPLICATION DUE- MARCH 15, 2019**

Student: \_\_\_\_\_  
Last Name                      First Name                      Middle Name

Home Address: \_\_\_\_\_  
Number                      Street  
\_\_\_\_\_  
City                      State                      Zip Code  
\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Phone

Name of Parent/Guardian: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

School Address: \_\_\_\_\_  
Number                      Street  
\_\_\_\_\_  
City                      State                      Zip Code  
\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
NJAFPA Member Signature

\_\_\_\_\_  
Superintendent's Signature

Write a brief summary and attach it to this form. Include the following areas in your summary:

1. Name(s) of compensatory program(s) in which the student participated.
2. Academic performance based on local standards in grades 9, 10 and 11 (attach your transcript).
3. Student attendance based on local standards in grades 9, 10 and 11 (transcript).
4. Citizenship in the school's extra-curricular and/or community activities such as church, scouts, 4H, etc.
5. The type of post high school training the student plans to pursue.  
Include: a. The name and address of the institution the student plans to attend  
b. The date of admission

Name of NJAFPA Member \_\_\_\_\_  
Last name                      First Name

District: \_\_\_\_\_

Address: \_\_\_\_\_  
Number                      Street  
\_\_\_\_\_  
City                      State                      Zip Code  
\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Phone

**Check the region of the state your district is located:**  
\_\_\_\_\_ North                      \_\_\_\_\_ Central                      \_\_\_\_\_ South