

P.E.O. Chapter A-B New Jersey \$1000 Memorial Scholarship**Candidate and Guidance Counselor Information**

This \$1,000 scholarship is for a Montclair High School female student graduating in June, 2019. The P.E.O. Sisterhood is an international philanthropic educational organization which promotes educational opportunities for women through grants, loans, and scholarships. Additional information about P.E.O. may be found at www.peointernational.org.

This particular need based scholarship is given by Chapter A-B of Montclair, NJ for a female senior in Montclair High School planning to attend an accredited post-secondary educational institution in the United States in the fall of the academic year following high school graduation. The accredited school may be a four year college, community college, nursing school, proprietary or trade school preparing students for a particular career field.

Applicant Eligibility Criteria:

- Exhibits excellence in leadership, extracurricular activities, community service, academics and potential for future success.
- Student must be in final academic year (senior year) of secondary education at time of application deadline.
- Minimum unweighted GPA of 3.0 on a 4.0 scale (B average)
- Citizen or legal permanent resident of the United States
- Plans to attend an accredited post-secondary educational institution in the United States full-time in the fall of the academic year after graduation.
- Student's family must provide evidence of financial need.

Scholarship Uses:

This non-renewable P.E.O. Memorial Scholarship must be used in the academic year following graduation or it will be forfeited. Funds will be paid directly to the recipient and will be remitted at the end of the first marking period. The student will be asked to advise the P.E.O. chapter as to how the funds will be used to

advance her education. Funds used for tuition and fees or required books and equipment are usually non-taxable for income tax purposes. Funds used for room and board might be reportable income for tax purposes. Recipient and her family will decide on the use of funds and will be responsible for any taxes incurred. Recipient and her family should seek professional tax guidance.

Local Application Process:

1. New Jersey P.E.O. Chapter A-B will receive student referrals from the guidance department of Montclair High School. Local contact is email: chydee@verizon.net.
2. An interview will be requested by the P.E.O. chapter. The chapter will contact student with this request.
3. An essay is required. In a one page, plain paper, double-spaced, 12 point font document, the student must describe her future career goals as specifically as possible. The student's name must be on her essay.
4. Please do not use folders or binders.
5. An unofficial copy of the transcript (as complete as possible through the junior year) must be included.

Thank you for your interest in pursuing this scholarship opportunity. P.E.O. New Jersey Chapter A-B extends best wishes to all applicants.

STUDENT APPLICATION – Deadline April 15, 2019

P.E.O. Chapter A-B New Jersey \$1000 Memorial Scholarship

This information will be used by New Jersey Chapter A-B, P.E.O. in determining eligible candidates.

Name of Student _____ (please print)

Home Address: (Street) (City) (State) (Zip Code)

Cell Phone _____ Home Phone _____ E-mail _____

Citizen/Permanent Resident of U.S. _____ Birth date: _____

Name of High School _____

GPA _____ (Based on a 4.0 scale as of end of junior year)

Please answer the following questions briefly. You may use extra sheets if necessary.
At the interview we will want you to elaborate on the questions.

1. What is your favorite subject? _____
 2. What are you considering as a major? _____ Why? _____
 3. What are some of the things you would like to accomplish in your life? _____
 4. On a separate sheet, list your extracurricular activities, dates of participation and leadership roles in these activities.
 5. On another sheet, list your community activities, dates of participation and leadership roles in these activities.
 6. What schools are you considering and why? _____
 7. What qualities do you think are important in order to be a successful leader today? _____
-
8. Include a one page essay describing your future goals.
 9. Attach an unofficial copy of your transcript, as complete as possible through the junior year.
 10. Complete Personal and Financial Data Sections (pages 2, 3) with attachments

LOCAL CONTACT: Carol Hyde Email: chydee@verizon.net

PLEASE SUBMIT COMPLETED APPLICATIONS TO THE GUIDANCE CENTER

Student Application – Deadline April 15, 2019

Application page 2

Attach Photo Here

PERSONAL AND FINANCIAL INFORMATION DATA*

Student's Name _____

Permanent Address _____

Email _____

Place of Birth _____ Date of Birth _____

Telephone number () _____ US Citizen? _____

***Must be included or application will not be processed**

This section to be completed by Parent or Guardian

Father/ Male Guardian

Name _____

Address _____

Education _____ Occupation _____ # years _____

Employed by _____

Employer's Address _____

Mother /Female Guardian

Name _____

Address _____

Education _____ Occupation _____ # Years _____

Employed by _____

Employer's Address _____

List Other Children in Family

Name	Age	Living at Home (Y/N)	Current school or job	Year in school or college	Amount of financial Aid	Amount of loans or earnings

Please Submit Completed Application to the Guidance Center

STUDENT APPLICATION – APRIL 15, 2019

Application page 3

Confidential

Annual Income and expenses (2018 Calendar Year)

Home: Do you own your own home? _____ If no, complete only monthly payments

Monthly payment: \$ _____ Unpaid mortgage: _____

Property value: \$ _____ Property taxes: _____

Total family Income (gross amount for 2018 calendar year. Circle applicable

UNDER \$40,000 \$40,000-70,000 \$70,001-100,000 \$100,001-150,000

\$150,001-200,000 \$200,001-250,000 Over \$250,001

NOTE: If student has applied for financial aid, please submit a copy of the College report with student award Scholarship Service (CSS) profile and/or FAFSA application

STUDENT ASSETS OR BENEFITS

Total earned in last 3 years: \$ _____ Current Savings: \$ _____

Other assets: \$ _____ Social Security benefits: \$ _____ (annual)

Anticipated earnings Jan1, 2019-Sept1, 2019: \$ _____

Additional sources of funding (e.g., financial plans/trusts) \$ _____

List other scholarships/awards the student has received:

Source	Amount	# of years
_____	_____	_____
_____	_____	_____
_____	_____	_____

State any family circumstances that the Awards Committee should know about (e.g. divorce, separation, illness, unemployment) that might affect the funding of your child's education

I HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FOREGOING STATEMENTS ARE CORRECT

Signature (Parent/Guardian) _____ Date _____ 2019

**ALL INFORMATION CONTAINED IN THIS APPLICATION IS CONFIDENTIAL
PLEASE SUBMIT COMPLETED APPLICATIONS TO THE GUIDANCE CENTER**