

# New Jersey Motor Truck Association Scholarship Fund

## **The Program**

The NJMTA established the New Jersey Motor Truck Association Fund Scholarship to assist the children of New Jersey employees of NJMTA members who seek to pursue a college education at an accredited two-year or four-year college or university or at an accredited vocational/technical institution.

Scholarships are made on academic potential, financial need and unusual circumstances without reference to race, creed, gender, disability, religion or national origin.

## **Eligibility**

Applicants must be New Jersey residents who are \*dependent children, age 23 and under, of full-time New Jersey based employees of a NJMTA member, in good standing. The member company must have a minimum of six months membership with NJMTA.

\*Dependent children are natural and legally adopted children or stepchildren living in the employee's household or primarily supported by the employee.

## **Awards**

There will be five (5) \$1,000 scholarships awarded. Awards are for undergraduate study only.

## **Application**

Interested students must complete the attached NJMTA Scholarship Fund Application for the next academic year and mail to NJMTA, 160 Tices Lane, East Brunswick, NJ 08816, along with current transcript of grades, post marked no later than May 23, 2008. Recipients will be notified in June.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, it is important to answer all questions as completely, as possible. All information received is considered confidential and is reviewed only by the scholarship committee and NJMTA staff.

## **Selection**

The final selection of recipients is made by the NJMTA Scholarship Committee. The committee will evaluate all applications on the basis of past educational performance and future potential, work experience, statement of career and educational aspirations and goals, leadership and participation in school and community activities. Unusual circumstances and financial need will be given careful consideration. Anyone who serves on the Scholarship Committee agrees that their family members will not be eligible to participate in the program.

## **Payment of Awards**

The award check will be mailed directly to the school in the student's name.

## **Questions**

Students or employees having questions should contact: Bernadette Sala

New Jersey Motor Truck Association  
160 Tices Lane  
East Brunswick, NJ 08816  
Phone: 732-254-5000  
Fax: 732-613-1745  
Email: [bsala@njmta.org](mailto:bsala@njmta.org)



**New Jersey Motor Truck Association's  
Scholarship Fund**

**TYPE OR PRINT ALL INFORMATION  
EXCEPT FOR SIGNATURES**

If the space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application. Do not repeat any information already reported on the application form.

**Application postmark deadline May 23, 2008.**

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**APPLICANT DATA**

NAME Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

PERMANENT HOME ADDRESS Number \_\_\_\_\_ Street \_\_\_\_\_ Apartment# \_\_\_\_\_

MALING ADDRESS City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DATE OF BIRTH Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_

**EMPLOYEE PARENT OR GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Job Title \_\_\_\_\_ NJMTA Member Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ This applicant is a dependent of the employee  Yes  No

**HIGH SCHOOL DATA**

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4 yr. College or University     2 yr. College     Vocational – technical school

Other, explain \_\_\_\_\_

Year in post-secondary program next school year:    1    2    3    4    5

Major or course of study \_\_\_\_\_ Anticipated date of graduation \_\_\_\_\_

Month    Year

**WORK EXPERIENCE** Describe your work experience during the **past four years**. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company/Position	From-Mo/Yr	To-Mo/YR	Hours per week

**ACTIVITIES AWARDS AND HONORS** List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Indicate all special awards, honors and offices held. Separate high school from college activities.

Activity	No. of Years Partic.	Special Awards Honors	Offices Held	Activity	No. of Years Partic.	Special Award Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a statement of your plans as they relate to your educational and career objectives and future goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSCRIPT INFORMATION**

**1. Student currently or previously enrolled in college must** include all college transcripts of grades. (Completion of the following section is not necessary.)

**2. High school seniors and students who have completed less than one full quarter or semester** of post- secondary education **must** include a high school transcript of grades and have the following section completed by the appropriate school official. (A clear explanation of the school's grading scale must be submitted.)

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative unweighted grade point average \_\_\_\_\_/4.0 scale

Cumulative weighted grade point average \_\_\_\_\_/4.0 scale

PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT English \_\_\_\_\_ Math \_\_\_\_\_

School Telephone  
Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Number (\_\_\_\_\_) \_\_\_\_\_  
School Official's  
Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FINANCIAL DATA (REQUIRED)**

The employee should complete this portion of the application. Income and tax figures are from a completed and filed tax return for prior year. To be considered for an award, this section must be filled out completely.

State of Residence: \_\_\_\_\_ Total Income of Father: \$ \_\_\_\_\_

Adjusted gross income: \$ \_\_\_\_\_ Total Income of Mother: \$ \_\_\_\_\_

Total U.S. Income Tax Paid: \$ \_\_\_\_\_

Marital status of parent or guardian:  Married  Divorced  Separated  Widowed  Single

Total number of family members attending college at least half-time during the next school year, including applicant \_\_\_\_\_

**OTHER AWARDS**

Please list below the name and amount of any grants or scholarships you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICATION CHECKLIST**

**This application for a scholarship becomes complete and valid only when you have returned all of the following materials:**

- Student Application
- Current Complete Transcript(s) of Grades (including grading scale) to  
**NJMTA SCHOLARSHIP FUND**  
160 Tices Lane  
East Brunswick  
New Jersey, 08816-2083

The student is responsible for submitting all materials to NJMTA on time.

**Postmark Deadline May 23, 2008**

**SELECTION OF RECIPIENTS**

NJMTA Scholarship Committee have sole responsibility for selecting recipients basing the decision on criteria as set forth in the program's descriptive letter. Decisions of the selection committee are final.

**CERTIFICATION**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes property of NJMTA.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_