

**RIDGEFIELD PARK JUNIOR-SENIOR HIGH SCHOOL**

**COMMON SCHOLARSHIP APPLICATION**

Name of Scholarship: \_\_\_\_\_

**Please type**

NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN'S FULL NAME: \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF STUDENT \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**COMMON SCHOLARSHIP APPLICATION**

Name of Scholarship: \_\_\_\_\_

**(Please type)**

Are you a citizen of the United States?      \_\_\_\_\_Yes                      \_\_\_\_\_No

Living with:    \_\_\_\_\_Father & Mother      \_\_\_\_\_Mother only                      \_\_\_\_\_Father only  
                         \_\_\_\_\_Stepmother                      \_\_\_\_\_Stepfather                      \_\_\_\_\_Guardian

Other: (Explain) \_\_\_\_\_

How many dependent children are in your household? \_\_\_\_\_

Approximate net family income after taxes: (This information is required by the Woman's Club of Ridgefield Park, Evening Membership Dept. of the Woman's Club, Ridgefield Park-Bogota Rotary Club, Little Ferry American Legion and Ridgefield Park Emblem Club)

Below \$25,000                      \_\_\_\_\_                      \$45,000-\$55,000                      \_\_\_\_\_  
\$25,000-\$35,000                      \_\_\_\_\_                      \$55,000-\$65,000                      \_\_\_\_\_  
\$35,000-\$45,000                      \_\_\_\_\_                      Over \$65,000                      \_\_\_\_\_

**List Colleges/Business/Technical Schools to which you have applied:**

School Name	Major - Field of Study	Annual Tuition	Other Expenses Room, Board, etc.	Accepted (A) No Reply (NR)

(If more space is needed, please use a separate piece of paper. Do not write on back)

**On a separate sheet of paper, please type an essay, not to exceed 300 words, outlining:**

- Your career interests
- Your future plans

*(do not include your name on the essay)*

**COMMON SCHOLARSHIP APPLICATION**

Name of Scholarship: \_\_\_\_\_

How much can your family contribute annually toward your education?

\_\_\_\_\_

What loans do you plan to secure and for what amounts?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What scholarships have you received and for what amounts?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other scholarships for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit with your application two letters of recommendation, i.e., employer, clergyman, family doctor, teacher, etc.

References and all information comprising this application will be reviewed only by authorized members of the individual scholarship organization and will be kept in strict confidence.

The applicant is cautioned that false information will invalidate this application and will result in immediate disqualification.