

**2017**  
**Herb Stern**  
**Longport Educational Foundation, Inc.**  
**2305 Atlantic Avenue**  
**Longport, NJ 08403**

This application must be completely filled out when submitted. It may be typewritten, but legible handwriting in ink will be accepted. The completed application must be signed and dated in the appropriate locations. Required attachments, such as copies of grade transcripts, must be stapled to the application. Federal of State income tax returns or tax information will no longer be required to be submitted with the application. The descriptions of occupations of parents or guardians will be sufficient. A single letter of recommendation may also be included. This completed application should be returned to the Longport Educational Foundation by April 15, 2017.

All information provided is considered confidential and will only be used by the Scholarship Committee in its deliberations.

**PART I *Personal Data and Financial Information***

Applicant's Name: \_\_\_\_\_

Applicant's Residence: \_\_\_\_\_  
                                     No.   Street   Apt.                      City                      State                      Zip

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Student Cell # \_\_\_\_\_ Email address \_\_\_\_\_

High School and year you will graduate or have graduated: \_\_\_\_\_

Father's Name & Address: \_\_\_\_\_

Father's Occupation & Position: \_\_\_\_\_

Father's Employer's Name & Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Name & Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Occupation & Position: \_\_\_\_\_

\_\_\_\_\_

A 501-C3 Charitable Corporation. All donations or bequests are for the benefit of Longport students and are tax deductible.

Mother's Employer's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

List the name and age of brothers, sisters or dependent children, if applicable. Indicate the schools they are attending or occupations and whether they are living at home.

Name	Age	Occupation/School	Place of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**PART II *Academic Information***

List the colleges to which you have applied and if already accepted, please so indicate. If accepted at more than one and you have made your choice, show that as well. If you are now attending college, please indicate.

College	City	State	Accepted/Will Attend
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What course of studies do you intend to pursue? What are your career objectives once you finish college?

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

Anticipated years of schooling required to attain your degree: \_\_\_\_\_

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List any distinctions or academic honors received during your high school years or after:

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List any extracurricular activities and offices held:

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Attach a copy of the latest available transcript of your high school or college grades as well as documentation of math and verbal SAT scores or similar standardized tests and date taken. Your application may be rejected if returned without this information.

**PART III *Civic and Social Development***

Describe any civic, fraternal or volunteer activities or positions you held outside of school during the past four years. If not apparent, describe duties.

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List and describe any paid employment you held in the past four years. Please provide the employer's name and address, the position held and the duration of employment expressed as month and year job started to month and year job ended.

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Provide any additional information relative to your civic/social development:

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A single letter of recommendation may also be submitted on your behalf. It is not required.

**PART IV *Other Considerations***

What is your reason for applying for the Longport Scholarship? Limit your replay to the space provided below:

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What other scholarships have you applied for? Have you already been awarded any? If yes, please indicate amount of the award.

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**APPLICANT'S ANTICIPATED INCOME**

Assistance from family	\$ _____
Prizes, Honors, etc.	\$ _____
Loans:	\$ _____
Scholarship Aid	\$ _____
<u>Earnings of Applicant:</u>	
Summer	\$ _____
Personal Savings	\$ _____
Amount of this available for college	\$ _____
Earnings expected at college	\$ _____
 Total:	 \$ _____

**APPLICANTS ANTICIPATED EXPENSES**

Tuition per year	\$ _____
Room per year	\$ _____
Board per year	\$ _____
Travel expenses	\$ _____
Books, Lab expenses, etc., per year	\$ _____
Miscellaneous expenses per year	\$ _____
 Total:	 \$ _____

If you want to give information about anything else significant that would warrant mention (sickness or family situation) to negatively affect family finances or to increase the need for scholarship money help, and that would be of assistance to the committee in making a final determination please add this here.

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**CERTIFICATION OF APPLICANT:** I hereby certify that to the best of my knowledge and belief, the foregoing is true and accurate. I agree to submit further information if required by the Longport Educational Foundation. I hereby consent to my high school or college submitting additional information if requested.

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

\_\_\_\_\_ Date

**CERTIFICATION OF PARENTS OR GUARDIAN**

I/We hereby declare that I/we have read the answers of the applicant in the foregoing statement, and that they are correct to the best of my/our knowledge and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Father

\_\_\_\_\_ Signature of Mother

\_\_\_\_\_ Signature of Guardian

