



The Herb Stern Longport Educational Foundation, Inc.
d/b/a Longport Scholarship Fund
2025 Scholarship Application

www.longportscholarshipfund.com

APPLICATION GUIDELINES

Eligibility

Scholarships are open to any Longport resident who is:

- Graduating high school and plans to attend college or graduate school
- Currently enrolled in or planning to continue college or graduate school

Directions

- Applications must be completed and submitted via email by **April 1, 2025** to Bob Stern at rstern711@gmail.com.
 - Handwritten or paper applications will not be accepted.
- Note that this year's application includes a short essay that must be completed.
- **THE FOLLOWING DOCUMENTATION MUST BE INCLUDED** as an email attachment along with the application (your application may be rejected if submitted without the required documents):
 - Complete college transcripts, or, complete high school transcript if you have not yet completed a full college semester – **REQUIRED***
 - Official SAT scores (or similar standardized tests), if taken – **REQUIRED***

If you need more information or have any questions concerning the application, email Bob Stern at rstern711@gmail.com.

IMPORTANT:

1. Applications (and the information included in them) are considered confidential and are only viewed by the Board of Directors as part of the award deliberations.
2. All decisions regarding eligibility and scholarship awards made by the Board of Directors shall be deemed conclusive.
3. All scholarship awards will be paid directly to the applicable educational institution upon receipt of tuition invoices. **It is the responsibility of the awardee to forward the college invoice once received.**

Fillable PDF instructions on next page

Fillable PDF Instructions

Completing Fillable PDF Forms

Before completing the application, save the form (PDF format) to a drive or location on your computer (e.g., Desktop; Local Disk (C:), *My Documents* folder).

- The **Save button** provided on the form will open a **Save As** dialog box, which will allow you to save the application to a desired location on your computer. If viewing the form in a built-in PDF viewer (e.g., Chrome, FireFox), **right-click** the PDF and select **Save as** or **Save Page As**. Make sure the **Save as type** is set to **Adobe Acrobat Document (*.pdf)**.
- Alternatively, you may save the PDF form without opening the file in either Adobe Reader or in any built-in PDF viewer. Simply **right-click** on the hyperlink for the PDF form and then choose the **Save link as...** or **Save target as...** option.
- Be sure to note the file name and location of the saved file.
- We recommend using the latest version of Adobe Reader to complete the application. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.
- Once you have saved the application to your computer, you are ready to complete the form. Please be advised that the fillable PDF forms will not automatically save. It is strongly recommended that you periodically save data entered into a form by using the Save button on the form, or by clicking **File > Save** (or **Save As**) on the Adobe Reader menu bar. Use the same file name and location from the previous step.
- After you have completed the application, save a final version of the file to your computer.

E-mailing Completed PDF Application Form

After you have completed the form and saved a final version of the file to your computer, email it as an attachment to Bob Stern at rstern711@gmail.com. Be sure to attach the other required documents to ensure your application is complete. You will receive an email confirmation when your application has been received.

PART I: Applicant Information

Name:			
Home address:			
Email:			
Date of birth:		Place of birth:	
Home phone:		Student cell:	
High school:		Graduation year:	
College, if currently attending:			

PART II: Family Information

	Parent/Guardian #1	Parent/Guardian #2
Name:		
Phone:		
Email:		
Employer:		
Occupation/Job:		
Address (if different from student)		

Other Dependents: Please list the names and ages of all brothers, sisters or other dependents in the home. Indicate the schools they are attending, any occupations, and whether they are living at home.

Sibling Name	Age	School or Employer (if not in school)	Living at Home?			
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

PART III: Academic Information

List the school you are attending or plan to attend, if known.	
If you have not yet decided where you will attend in the fall, please list all schools where you have been accepted or are awaiting a decision.	

What course of studies do you intend to pursue? What are your career objectives once you finish schooling? Please tell us as much as you can about your school and career goals in the space provided.	
Please list any distinctions or academic honors you've received during high school and college.	
Please list details regarding any extracurricular activities, including sports, and offices held during high school and college.	

How many years do you anticipate it will take to attain your degree? _____

PART IV: Community Engagement

Civic/Volunteer Activities. Describe any civic or volunteer activities or positions you held outside of school during high school and college.

Organization	Position/title	Dates	Explanation

Employment History. List and describe any paid employment you've held in the past four years in the table below. Please list the job position, employer, and the duration of your employment.

Employer	Job title	Start date	End date
<i>Ex. Borough of Longport</i>	<i>Beach tag checker</i>	<i>May 2019</i>	<i>August 2019</i>

Any other activities to add? If there is any information relative to your community activities that is not listed above and you think is important for the Board of Directors to consider, please describe below.

If desired, a single letter of recommendation may be submitted on your behalf (optional).

PART V: Financial and Other Considerations

What is your reason for applying for the Longport Scholarship?	
What other scholarships have you applied for? Have you already been awarded any? If yes, please indicate amount of the award.	
Is there anything else (illness, family situation, etc.) that would negatively affect family finances, increase the need for scholarship support, or significantly impact your ability to attend the school of your choice? <i>Please detail any information that should be considered in making a final determination.</i>	

Anticipated School Expenses		School Savings & Anticipated Income		
Anticipated Expense (PER YEAR)	Amount		Confirmed?	Amount
Tuition		<i>EX: Gift from Grandma</i>	Yes	\$500
Room/Rent		Assistance from Family	Yes or No?	
Board/Meal Plan		Student's Income	Yes or No?	
Travel Expenses		Prizes, Honors, Scholarships	Yes or No?	
Books, Lab Fees, etc.		Student Loans	Yes or No?	
Other Expenses (explain below)		Personal Savings	Yes or No?	
		Student Work Program	Yes or No?	
		Other:	Yes or No?	
		Other:	Yes or No?	
		Other:	Yes or No?	
TOTAL EXPENSES ANTICIPATED:		TOTAL AVAILABLE:		

Part VII: Essay

Please answer the following question in no more than 250 words:

Growing up in a small community like Longport has undoubtedly shaped your values and character. Based on your experiences, what advice would you give to younger students to help them navigate and succeed in high school?

PART VIII: Certification of Application

CERTIFICATION OF APPLICANT

By checking the following boxes and typing my name below, I, the Applicant:

- Certify that to the best of my knowledge and belief, the foregoing is true and accurate.
- Agree to submit further information, if required by the Longport Educational Foundation.
- Consent to my school submitting additional information, if requested.

Name: _____ Date: _____

IN ADDITION:

- I, the Applicant, certify that I have reviewed this application with my parent/guardian and he/she has confirmed the accuracy of the information in this application.
- My parent or guardian agrees that a member of the Board of Directors may contact them regarding this application. Name of parent or guardian: _____