



Brick Township Chamber of Commerce Educational Foundation Scholarship Application 2024

Applicant Name:

BTCOC Educational Foundation scholarships are open to those who meet ANY of the following criteria:

- Seniors graduating from Brick Township High School or Brick Memorial High School
- Graduates of either of the Brick high schools and/or OCVTS who are continuing post-secondary students and/or continuing education students
- Members of The Brick Township Chamber of Commerce, employees of members, the children of members, or the children of employees of members (Note: ALL Brick Township Schools are members of the Brick Township Chamber of Commerce)

All scholarships are *open to adults* as well as graduating high school seniors. Scholarships are offered for *vocational as well as academic education*.

Please **type** your responses and attach to this application:

1. A copy of your high school or college transcript
2. Two (2) letters of recommendation (e.g., from guidance counselor, teacher, clergy, coach, employer)
3. A typed essay of 300-500 words including your current goals and objectives for your education and beyond. Please include why you feel you deserve this scholarship.

Completed application packages must be received by the Chamber of Commerce no later than

March 27, 2024

Incomplete application packages will not be considered.

All information in this form and in your application package will be treated confidentially.

Completed application packages may be delivered:

- Via email to **info@BrickChamber.com** (PREFERRED)
- Via postal mail to 270 Chambers Bridge Rd, Brick, NJ 08723, OR
- By hand to the Brick Chamber office during business hours (Mon-Fri, 9AM - 5PM, except holidays)

A list of 2024 scholarships is available at: <https://www.brickchamber.com/btcoceducationalfoundation>

Please indicate all scholarships for which you would like to apply:

- | | |
|---|--|
| <input checked="" type="checkbox"/> General | <input type="checkbox"/> Architectural, Construction, Interior Design, Engineering |
| <input type="checkbox"/> Health-Related | <input type="checkbox"/> Graphic Arts |
| <input type="checkbox"/> Law | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Business | <input type="checkbox"/> Vocational - specify course of study: |
| <input type="checkbox"/> First generation college student | |



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Eligibility

I am: My parent/current guardian is:
A member, or the employee of a member, of the Brick Township Chamber of Commerce.

Name of Member Business:

I am a high school senior graduating in 2024 and/or a college student.

Name of high school or college:

Guidance counselor's name & phone number:

Applicant Information

Applicant's Full Name:

Street Address:

City/State/Zip:

Email:

Phone:

Date of Birth:

Age:

Father's Name (if applicant is under 21):

Father's Occupation:

Company Name:

Company Address:

Father's employment status: Full-Time Part-Time Retired

Mother's Name (if applicant is under 21):

Occupation:

Company Name:

Company Address:

Mother's employment status: Full-Time Part-Time Retired



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Siblings, if applicable (if necessary, attach additional page):

Name	Age	Occupation or Grade in School
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1. List special activities in high school/college (if applicable). If necessary, attach additional pages.

Activity

Advisor/Coach

2. List special activities, interests, or volunteer work in the community. Indicate name of organization/club, contact person, and telephone number.

3. Outline work experience history. List name of employer, supervisor's name, phone number, full/part time, and dates of employment.

4. Family circumstances you feel we should be aware of, if applicable. (Examples: Single parent works evenings and you provide sibling care, a parent's income is only partly available to your family.)



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5. Name of college/technical school/continuing education program which you will be attending:

Course of Study:

6. Estimated total ONE YEAR cost of school you will be attending. Total cost should include tuition, room, board, and books. \$

7. Please list any other scholarships and/or financial aid you will receive.

FinancialData

Your 2023 gross income: \$

Father's approximate gross income for 2023 (if applicable): \$

Mother's approximate gross income for 2023 (if applicable): \$

Guardian's approx. gross income for 2023 (if applicable): \$

TOTAL number of persons dependent upon family income:

Is there financial difficulty in your family due to unusual circumstances that you feel we should be aware of?

Have you ever received a scholarship from the Brick Township Chamber of Commerce? YES NO

IF YES, please indicate year: _____ and amount received: _____

Applicants and prior recipients are encouraged to re-apply each year that they are attending school and meet the eligibility requirements.



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Certification

I have read the information in this application and state that it is true.

LIABILITY/PUBLICITY RELEASE FORM

I, _____, (please print) agree to release all participating Brick Township Chamber of Commerce and Brick Township Chamber of Commerce Educational Foundation, Inc. Officers, employees, Board of Directors, committees, sub-committees, affiliates, judging and advertising agencies from any and all liability for injuries or damages sustained in connection with the use, ownership or receipt of the scholarship or while traveling to or from or participating in any scholarship related activity.

I, _____ also consent to the use of my name and/or likeness without compensation for any advertising purposes in connection with this scholarship.

Applicant's signature

Date

Parent/Guardian signature (if applicant under 21)

Date

Completed application including transcript(s), essay, and letters of recommendation must be received by the Brick Township Chamber of Commerce no later than March 27, 2024.

Please make sure that you have answered all questions.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.