



Applicant Name: \_\_\_\_\_

BTCCOC 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 in a copy of this application and attach to this application:**

1. A copy of your high school or college transcripts
2. Two (2) letters of recommendation (e.g., from guidance counselor, teacher, coach, employer, clergy)
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 OR postmarked no later than April 1, 2025**

Incomplete application packages will not be considered.  
*All information in this form and in your application package will be treated confidentially.*

Completed applications may be delivered:

- Via email to [info@BrickChamber.com](mailto:info@BrickChamber.com) by April 1, 2025 (PREFERRED) – please put “Scholarship Application” in subject line
- Via postal mail to 270 Chambers Bridge Rd, Brick, NJ 08723, postmarked by April 1, 2025

A list of 2025 scholarships is available at: <https://www.brickchamber.com/scholarshipapplication>

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

General

Architectural, Engineering, Construction

Health-related

Graphic Arts

Law

Special Education

Business

Vocational – specify course of study:

First-generation college student

\_\_\_\_\_



**Eligibility**

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

Name of member business: \_\_\_\_\_

I am a high school senior graduating in 2023 and/or a current 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: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent 1/Guardian 1 Name (if applicant is under 21): \_\_\_\_\_

Parent 1/Guardian 1 Employment Status: Full-time Part-time Retired

Parent 1/Guardian 1 Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Parent 2/Guardian 2 Name (if applicant is under 21): \_\_\_\_\_

Parent 2/Guardian 2 Employment Status: Full-time Part-time Retired

Parent 2/Guardian 2 Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Siblings, if applicable:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation/Grade in School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation/Grade in School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation/Grade in School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation/Grade in School: \_\_\_\_\_



**Experience/Activities/Special Circumstances**

Please list special activities in high school/college (if applicable).

Activity: \_\_\_\_\_ Advisor/Coach & Tel #: \_\_\_\_\_

Activity: \_\_\_\_\_ Advisor/Coach & Tel #: \_\_\_\_\_

Activity: \_\_\_\_\_ Advisor/Coach & Tel #: \_\_\_\_\_

Activity: \_\_\_\_\_ Advisor/Coach & Tel #: \_\_\_\_\_

Please list special activities, interest or volunteer work in the community.

Name of Org/Club/Activity: \_\_\_\_\_ Contact Person & Tel #: \_\_\_\_\_

Name of Org/Club/Activity: \_\_\_\_\_ Contact Person & Tel #: \_\_\_\_\_

Name of Org/Club/Activity: \_\_\_\_\_ Contact Person & Tel #: \_\_\_\_\_

Name of Org/Club/Activity: \_\_\_\_\_ Contact Person & Tel #: \_\_\_\_\_

Please outline work experience history.

Company: \_\_\_\_\_ Supervisor's Name & Tel #: \_\_\_\_\_

Full-time      Part Time      From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name & Tel #: \_\_\_\_\_

Full-time      Part Time      From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name & Tel #: \_\_\_\_\_

Full-time      Part Time      From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name & Tel #: \_\_\_\_\_

Full-time      Part Time      From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Please list family circumstances 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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**Educational Plans & Related Expenses**

Please provide name of college, tech school or continuing ed program you plan to attend:

\_\_\_\_\_

Course of study: \_\_\_\_\_

Estimated total ONE YEAR cost of school/program you will be attending. This annual cost should include tuition, room, board and books: \$ \_\_\_\_\_

List any other scholarships and/or financial aid you will receive:

Source/Provider: _____	Annual amount: \$ _____
Source/Provider: _____	Annual amount: \$ _____
Source/Provider: _____	Annual amount: \$ _____
Source/Provider: _____	Annual amount: \$ _____

**Household Financial Information**

YOUR 2024 gross income: \$ \_\_\_\_\_

Parent/Guardian 1's approximate 2024 gross income (if applicable): \$ \_\_\_\_\_

Parent/Guardian 2's approximate 2024 gross income (if applicable): \$ \_\_\_\_\_

Total number of persons dependent upon family/household income: \_\_\_\_\_

Is there financial difficulty in your family due to unusual circumstances that 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 of scholarship: \_\_\_\_\_ and amount received: \$ \_\_\_\_\_

***Prior recipients AND applicants are encouraged to re-apply each year they are attending school and meet eligibility requirements.***



Commerce

Brick Township Chamber of

Educational Foundation Scholarship Application 2025

**Certification**

I state that the information provided in this application is true:

I, \_\_\_\_\_ (*please print name*) agree to release all participating Brick Township Chamber of Commerce and Brick Township Chamber of Commerce Educational Foundation, Inc. officers, employees, 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, \_\_\_\_\_ (*please print name*) 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's 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 OR postmarked no later than **April 1, 2025.****

Please make sure that you have answered all questions.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.