



New York New Jersey Regional Joint Board

2013 SCHOLARSHIP FUND APPLICATION

1. To be eligible, the Applicant (student) must have an **S.A.T.** score of **1125** and a grade **average of 75%** minimum.
2. The student must complete the entire application.
3. The student must submit a typed essay about themselves.
4. They must attach a record of their grades for the past four (4) years.
5. The applicant's member parent must have their Union dues paid up to date.
6. The application must be returned to the Union Office **before May 24, 2013**, applications submitted after this date will not be considered.
7. Commendation from Teachers and Guidance Counselors.

Thank you,

New York-New Jersey
Regional Joint Board
WORKERS-UNITED
SCHOLARSHIP FUND

THE NEW YORK-NEW JERSEY REGIONAL JOINT BOARD-NEW
CLOTHING MANUFACTURERS' ASSOCIATION, INC.
SCHOLARSHIP FUND

APPLICATION

Instructions: Please print clearly, answering all questions on page 1 and 2 completely.
Ask your principal or guidance counselor to fill out detail pages 3 and 4 and send to the
Scholarship Committee, c/o New York New Jersey Regional Joint Board at 18
Washington Place Newark, NJ 07102

All information provided is confidential and will be used solely by the Scholarship
Committee in making its selection.

NAME

ADDRESS (Street)

(City) (State) (Zip Code)

DATE OF BIRTH

Please list all high schools you have attended.

High School	Location	Dates of Attendance	
		From	To
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

NAME OF PARENT WHO IS A MEMBER OF THE NY-NJ REGIONAL JOINT BOARD

ADDRESS

SHOP

LOCAL NO.

SOC. SEC. NO.

CONFIDENTIAL PERSONALITY RATING

Please rate the applicant on the following, making any comments that will be helpful to the Scholarship Committee.

Native ability

Future Promise

Character

Seriousness of Purpose

Emotional Stability

Special Interests

Physical or Mental Limitations

Do you consider the applicant deserving of scholarship aid?

Other Comments:

Signature

Date

Title

List brothers and sisters in school or college

Name	Age	Name of School or College Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

***SUBMIT PHOTOSTATIC COPY OF SAT SCORES**

I certify that the information given above is accurate.

Signature of applicant

Date