

PASSAIC COUNTY 200 CLUB SCHOLARSHIP APPLICATION

ELIGIBILITY REQUIREMENT: THE STUDENT MUST BE A GRADUATING HIGH SCHOOL SENIOR. YOUR PARENT OR GUARDIAN MUST BE A MEMBER OF A FIRE DEPARTMENT, EMS, POLICE DEPARTMENT, STATE OR FEDERAL, WHO RESIDES AND/OR WORKS IN PASSAIC COUNTY.



PASSAIC COUNTY 200 CLUB
3 Garret Mountain Plaza
Suite 204
Woodland Park, NJ 07424
PC200Club.org
973.225.0696

Date:

Parent or Guardian Sponsoring Applicant:

Name:
 Address:
 Town/State/Zip:
 Home/Cell Number:
 Employer:
 Name of Department:
 Position:
 Town/City:
 Please Check One: Active Retired
 Disabled Deceased

Please Check One: Paid Volunteer

Spouse or Guardian of Sponsoring Parent/Guardian:

Name:
 Occupation:

Financial Information (Please attach Current W-2 Form)

Annual Household Income Earnings:

- \$20,000-\$40,000 \$41,000-\$60,000
 \$61,000-\$80,000 \$81,000-\$100,000

Other

Ages of Siblings Dependent of Family Resources:

List All Scholarships/Loans/Grants And Amounts Received:

Estimated Cost of Education Per Academic Year:

<input type="text"/>	Tuition	<input type="text"/>	Room/Board
<input type="text"/>	Fees	<input type="text"/>	Books
<input type="text"/>	Total		

Applicant Information

Name:
 Address:
 Town/State/Zip Code:
 Date of Birth:
 Home/Cell Phone:
 E-Mail:
 Are you Currently Employed?:
 If Yes, Where?:
 Current Postion:
 Hourly Wage:
 Approximate Hours Per Week:

Indicate Any Community Service you Have Taken Part In:

Have you Received any Awards Or Honors For Outstanding Accomplishments Unrelated to School:

School Attending or Schools Applied To:

Anticipated Major:
 Career Goal:

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APPLICANT NAME

**ESSAY: PROVIDE A 500 WORD OR LESS ESSAY "WHY YOU WOULD CONSIDER A CAREER IN PUBLIC SERVICE."
IF YOU ARE NOT PURSUING A CAREER IN PUBLIC SERVICE, DESCRIBE YOURSELF, YOUR FUTURE, PERSONAL,
ACADEMIC AND CARREER PLANS.**

IF YOU NEED MORE ROOM PLEASE TYPE OR PRINT LEGIBLY ON A SEPARATE SHEET OF PAPER

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APPLICANT NAME

STATE ANY SIGNIFICANT CIRCUMSTANCES (FAMILY, FINANCIAL OR OTHERWISE) WHICH YOU WISH TO BRING TO THE ATTENTION OF THE COMMITTEE:

SIGNATURES

APPLICANT:	<input type="text"/>	DATE:	<input type="text"/>
PARENT/GUARDIAN:	<input type="text"/>	DATE:	<input type="text"/>
PARENT/GUARDIAN:	<input type="text"/>	DATE:	<input type="text"/>

To Be Completed by Guidance Counselor
Must Attach Proof Of SAT/ACT Scores

GPA:	<input type="text"/>
Rank in Class:	<input type="text"/>
SAT/ACT Scores: W: V: M:	<input type="text"/>
Special Awards/Honors:	<input type="text"/>
Extra Curricular Activities/Sports (School Related):	<input type="text"/>
Guidance Counselor: Signature,Date:	<input type="text"/>

**RETURN APPLICATION AND ALL ATTACHMENTS TO:
THE PASSAIC COUNTY 200 CLUB
C/O MAJOR HEIDI SCRITPURE
7 NEMIC LANE, WHIPPANY, NJ 07981**