2020 Affiliation Scholarship Application
This application is for those with Affiliation to
Law Enforcement, Fire & Emergency Medical Services

Six (6) $5,000 Scholarships will be Awarded
Deadline is Wednesday, March 25th, 2020 at 5:00 PM

To be eligible for consideration, the applicant must be a graduating High School Senior this year and the son or daughter on an ACTIVE, RETIRED or DECEASED member of an agency as described on Page 5 of this application. The applicant is also eligible if they themselves are an active member of one of the agencies and meet the remaining criteria as contained on the application. This Scholarship is for students who will be attending schools for a four (4) year bachelor’s degree; two (2) your associates degree as well as technical schools (online is NOT eligible).

We request that you submit this original application with attachments PLUS, three (3) copies of the original application and COPIES OF ALL of the attachments. Please mark your original application as “Original” and please do not staple ANY PART of the original application as we may need to make additional copies for the Scholarship Judges. We thank you in advance for your time and co-operation.

Please note that the deadline for this completed application will be on WEDNESDAY, MARCH 25th, 2020 at 5:00 PM

DO NOT DELAY filing this application for the High School Transcript, SAT Reports or TAX returns. You may send the requested information under a separate cover.
2.

Should you need additional space for ANY of the questions, please add info on separate paper to this application.

1. Full Name: ____________________________________________________________________________
   Last First Middle

2. Home Address: __________________________________________________________________________
   Address City State/Zip

3. Cell Number: ____________________________________________________________________________

4. Email Address: ____________________________________________________________________________

5. Date of Birth: ____________________________________________________________________________

6. Name of High School: ______________________________________________________________________
   Please also include a copy of your high school transcript. Does not have to be an official Transcript.

7. Name of Guidance Advisor and Contact Info:

<table>
<thead>
<tr>
<th>Name of Guidance Advisor</th>
<th>Email Address</th>
<th>Phone number</th>
</tr>
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8. Highest SAT/ACT Score: ____________________________________________________________________
   Critical Reading + Mathematics + Writing
   Please enclose a copy of your SAT/ACT report. You may print from on-line

9. List the names of colleges to which you have applied (notation as to any acceptances you have received to date). Please list the estimated annual cost of tuition and room and board as well. You may attach this list to the application on a separate sheet.

10. Have you selected a Major? If so, what? ____________________________________________________________________
11. List and describe any and all Scholarships, Honors or Awards which you have won to date with monetary amounts if applicable. *You may list these on a separate sheet.*

12. List ALL sources of financing for your education which are available, including but not limited to parental contribution, personal savings, Trust accounts and or student loans.

13. Describe any jobs you have had over your years in High School or before:

14. Specify your Civic, Community, High School or favorite leisure time activities, detailing your participation:

15. If you have any additional information you feel you would like to add for the Scholarship Judges please indicate here.

16. **PLEASE ATTACH** a signed statement of approximately 250 words describing yourself and also please include your goals in the future such as your academic goals, personal goals and career path.
4.

PARENT/FAMILY INFORMATION

Attach copy of 2018 and 2019 Federal Income Tax return. We do NOT need the entire return such as Itemized Deductions. We do NEED to see the FIRST TWO pages of the Tax Return to see Gross Income. If separated or divorced, we must see tax return for custodial parent and non-custodial parent.

3. Parents/Guardian Name and Contact Info – Cell #’s and Email Address:

__________________________________________________________________________________________

2. Parents/Guardian Employer/Job Title:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

3. List names and ages of any children currently attending college, including tuition costs.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

4. If there are any financial circumstances not evident from your tax return or other times you feel require explanation, please note the condition below.

__________________________________________________________________________________________
5.

POLICE, FIRE AND EMS
AFFILIATION INFORMATION

You must submit, as part of this application, a letter from the Chief, Captain or Chief Executive Officer of the agency confirming that the mother, father, or applicant is an active or retired member of the agency and dates of service. The employment criteria/volunteer status of any applicant is subject to additional verification and review by the 200 Club of Bergen County.

1. Name of Parent/Step-Parent or Applicant Associated with Police, Fire or EMS Department:

________________________________________________________________________

2. Name, Address & Phone Number of Police, Fire or EMS Unit with which the Parent/Step-parent or Student is an ACTIVE, retired or deceased Bergen County Law Enforcement Officer, Fire fighter or Ambulance Corps member. If the student is the active Ambulance Corps or Fire Fighter member, he or she must have been active on or before September 2019.

________________________________________________________________________

3. Status:

Active ( )  Retired ( )  Disabled ( )  Deceased ( )

4. Name of Department Chief, Captain or Executive Director and Contact Info:

________________________________________________________________________

Affiliation must be with Bergen County Law Enforcement Departments, Fire Departments or Ambulance Corps. This also includes FBI, DEA, AFT, NJ State Police, Palisade Interstate Commission, Port Authority Police, Prosecutor’s Office, Sheriff Department. For applicants on their own merit they must be members of the fire auxiliary or ambulance cops before September 1, 2019.
6.

5. Are you a Member of the 200 Club of Bergen County? If so, is your membership as an individual or are you under the umbrella of your Law Enforcement, Fire or Emergency Medical department, PBA/FOP?

YES, I am an individual Member______ YES, under umbrella of my Department/PBA/FOP_______

NO, I nor my department is a member of the 200 Club____________

If you have checked YES then the student is automatically entered into the 200 Club Membership Scholarship. You do NOT need to submit a separate Membership application.

5. I HERBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF ANY FACT MAY DISQUALIFY ME FROM CONSIDERATION. I UNDERSTAND THAT THE DEADLINE FOR SUBMITTING MY APPLICATION IS ON WEDNESDAY, MARCH 25th, 2020 at 5:00 pm.

______________________________
Signature of Applicant

______________________________
Signature of Parent/Step-parent/Guardian

______________________________
Date
7.

REVIEW

As you are preparing to mail or drop off your scholarship packet to the 200 Club of Bergen County please make sure to include all of your copies and attachments.

We would like to thank you in advance for making the requested copies. Please understand that we receive a HIGH volume of applications and the time needed to copy everything would not allow us to move the program forward in a timely manner. Again, we appreciate your assistance with this request.

CHECK LIST

( ) High School Transcript showing all grades to date. Does not have to be official transcript.

( ) SAT/ACT Report – copy

( ) 2018/2019 Federal Income Tax returns from your parent(s). – copy

( ) Signed statement of approximately 250-word ESSAY.

( ) Signed letter from your Law Enforcement, Fire or Ambulance Corps department or another accredited agency verifying your association.

PLEASE RETURN COMPLETED ORIGINAL APPLICATION WITH COPIES TO:

The 200 Club of Bergen County
Attn: Scholarship Committee
560 Hudson Street
Hackensack, NJ 07601