

East Brunswick Regional  
Chamber of Commerce  
Charitable Foundation, Inc.



March 31, 2008

TO: Guidance Counselors

FROM: East Brunswick Regional Chamber  
of Commerce Charitable Foundation

RE: High School Seniors  
Residents of –  
East Brunswick, Milltown, South River and Spotswood

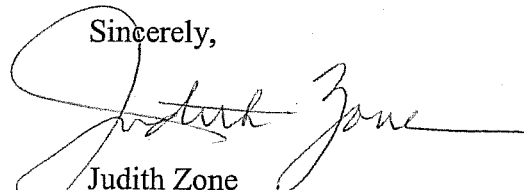
The East Brunswick Regional Chamber of Commerce Charitable Foundation will present \$1,500 scholarships to graduating high school seniors, who have been residents of East Brunswick, Milltown, South River or Spotswood for at least two years and have been accepted to a school of higher education.

Enclosed please find a description of the application form and a financial statement form.

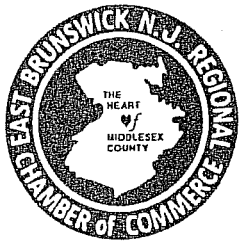
Please encourage students to apply. The deadline to submit applications is April 30, 2008.

Any questions concerning the application and/or the scholarship can be answered by calling 732-257-6866. Also, please call if additional applications are needed.

Sincerely,



Judith Zone  
Treasurer



# East Brunswick Regional Chamber of Commerce Charitable Foundation, Inc.



Dear Applicant,

The East Brunswick Regional Chamber of Commerce Charitable Foundation consists of area businesses and organizations committed to supporting the community. For over 30 years the Chamber has been awarding scholarships to high school seniors. The David Germain, Sr. Memorial Scholarship Fund is named after the Chamber's first Executive Director who also served as East Brunswick Township Clerk and spent many years helping to improve the quality of life in the East Brunswick region. This annual scholarship program memorializes David Germain, Sr. and carries on his commitment to the community.

This year the Chamber Foundation will be awarding \$1,500 scholarships. Requirements for scholarship applicants are:

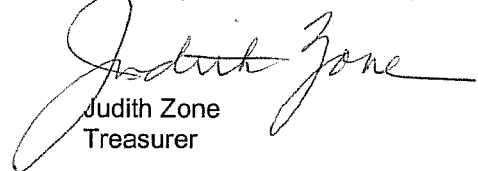
1. Current residency in East Brunswick, Milltown, South River or Spotswood with a minimum 2-year residency immediately preceding the scholarship application.  
Or  
A child of a current full time employee of a chamber member company regardless of where the scholarship applicant resides.
2. Completion of the scholarship application and submission by **April 30, 2008** to the East Brunswick Regional Chamber of Commerce Charitable Foundation, Inc., 407 Cranbury Road, East Brunswick, NJ 08816.
3. A narrative written by the applicant as to his/her background and/or special needs that would merit the scholarship award.
4. Acceptance of the scholarship recipient by an accredited institution of higher learning or a specialized facility.

While academic achievement is an extremely important criterion, the Scholarship Committee will also focus on the applicant's:

- Extra-curricular and work activities
- Financial need
- Community commitment
- Special family circumstances

We are seeking candidates who will make our community proud.

Sincerely,



Judith Zone  
Treasurer

**DAVID GERMAIN, SR. MEMORIAL SCHOLARSHIP FUND**

**EAST BRUNSWICK REGIONAL CHAMBER OF COMMERCE  
CHARITABLE FOUNDATION, INC.**

407 Cranbury Road, East Brunswick, New Jersey 08816

Tel: (732)257-6866 Email: jzone@zwco.com

**CONFIDENTIAL SCHOLARSHIP APPLICATION**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
\_\_\_\_\_ Phone: # \_\_\_\_\_

E-Mail address \_\_\_\_\_ Fax: \_\_\_\_\_

Length of time family has resided in current location \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT'S/PARENTS' STATUS

	<u>Single</u>	<u>Married</u>	<u>Widowed</u>	<u>Divorced</u>	<u>EDUCATION</u>
FATHER	_____	_____	_____	_____	_____
MOTHER	_____	_____	_____	_____	_____

EMPLOYMENT INCOME (Annually before taxes)

FATHER'S	\$ _____	<u>OTHER INCOME</u>	
MOTHER'S	\$ _____	INTEREST	\$ _____
TOTAL	\$ _____	DIVIDENDS	\$ _____
		SECURITIES	\$ _____
		RENTAL	\$ _____
		BUSINESS	\$ _____
		PENSIONS	\$ _____
		SOCIAL SECURITY	\$ _____
		OTHER	\$ _____
		TOTAL	\$ _____

DEPENDENTS

CLAIMED ON MOST RECENT TAX RETURN \_\_\_\_\_

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>IN SCHOOL</u>	<u>ANNUAL TUITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TO BE COMPLETED BY ALL APPLICANTS**

<u>Student/Applicant</u> ASSETS	
Cash	\$ _____
Securities	\$ _____
Other	\$ _____
Total	\$ _____

<u>Student Employment Record (2 Years)</u>		
EMPLOYER	EARNINGS	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Budget for one full Academic Year of \$ \_\_\_\_\_**

This scholarship can be used only to cover the items in A-B & C below. It may not be used for general living expenses such as rent, automobile expenses, etc. Incomplete or unnecessary information in this section can not be evaluated.

- A. Tuition and Fees (full academic year, not monthly)..... \$ \_\_\_\_\_
- B. Books and Supplies..... \$ \_\_\_\_\_
- C. Room and Board (if not living at home)..... \$ \_\_\_\_\_
- D. Total of above - Add lines A., B. & C..... \$ \_\_\_\_\_

**LESS ANTICIPATED AMOUNTS AVAILABLE FOR EDUCATION (INCOME):**

- E. Parent(s) Contribution..... \$ \_\_\_\_\_
- F. Student's Contribution..... \$ \_\_\_\_\_
- G. Other Relatives' Contribution..... \$ \_\_\_\_\_
- H. College Work/Study Employment..... \$ \_\_\_\_\_
- I. Other Scholarships, Grant or Loans, Pending or Granted (list name & amounts in detail):
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_

- J. Total of above - ADD lines E., F., G., H., & I..... \$ \_\_\_\_\_

Amount needed to balance school budget for one year

SUBTRACT line J., from line D..... \$ \_\_\_\_\_

**TO BE COMPLETED BY ALL APPLICANTS**

**PLEASE PROVIDE A TRANSCRIPT OF YOUR SCHOOL RECORDS INCLUDING YOUR GRADE POINT AVERAGE, SAT SCORES & 3 LETTERS OF RECOMMENDATION AS WELL AS A NARRATIVE WRITTEN BY THE APPLICANT AS TO HIS/HER BACKGROUND AND/OR SPECIAL NEEDS THAT WOULD MERIT THE SCHOLARSHIP AWARD.**

Honors & Awards – Non-school related Civic) \_\_\_\_\_

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Offices or positions held (Organization, position, year) \_\_\_\_\_

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Other Activities (School or Civic) \_\_\_\_\_

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**INSTITUTIONS BEING CONSIDERED:**

Place a check mark next to institutions that have sent you an acceptance letter and \* (asterisk) the school you plan to attend.

_____	_____
_____	_____
_____	_____
_____	_____

**This application should be completed to the best of your ability. Any information considered misleading or the omission of information which would mislead the committee with regard to financial need could cause the applicant to be disqualified.**

**CERTIFICATION:**

I certify that all information contained in this financial statement is true and accurate.

Signature \_\_\_\_\_  
(Applicant)

Signature \_\_\_\_\_  
(Parent or Legal Guardian)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_