

Builders Association of Northern NJ



Post Office Box 1236, Maywood, NJ 07607 ■ 201-843-6868 ■ Fax: 201-843-0166 ■ kathleen@bannj.org ■ www.bannj.org

2023 APPLICATION FOR FINANCIAL ASSISTANCE

****A SEPARATE APPLICATION MUST BE COMPLETED FOR THE DURANTE FAMILY SCHOLARSHIP.****

NOTE: Please type or print legibly in blue or black ink. Do not omit any information. **Fill in ALL spaces.** If any item is not applicable, please indicate by writing N/A.

Important: This opportunity is limited to students who live or attend school in Bergen, Hudson, Passaic, or Sussex Counties. These scholarships are available to full or part-time students who currently attend or will attend an accredited institution of higher learning or a vocational training program, pursuing a **building-related course of study.**

I. Applicant General Information

Last Name First Name Middle Name

Student's Home Street Address

City State Zip Phone Number/Cell Email Address

Student's School Street Address (*If you live on campus*)

City State Zip Phone Number/Cell Email Address

II. Parent/Guardian Information

Father/Guardian's Last Name First Name Phone Number /Cell Email Address

Permanent Street Address City State Zip

Father/Guardian's Employer Nature of Work Annual Gross Income

Mother/Guardian's Last Name First Name Phone Number /Cell Email Address

Permanent Street Address City State Zip

Mother/Guardian's Employer Nature of Work Annual Gross Income

List all additional income of parents/guardians (if any): _____

III. Applicant Personal/Academic Information

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ **Marital Status:** _____

If married, please provide full name of spouse (wife's maiden name or husband's given name)

Last NameFirst NameMiddle Name

Spouse's EmployerNature of WorkAnnual Gross Income

Are you a legal resident of New Jersey? Yes No

Are you a US citizen? Yes No

If "No," permanent resident of the US? Yes No

Have you ever been convicted of a crime? Yes* No

Note: If you are awarded a scholarship, you will be required to provide your SSN for tax purposes.

Type of Visa: _____

*Please explain: _____

Head of your household: Parent Guardian Self Other _____

Head of household's name: _____

List all family members who receive support from the head of the household. Include name(s), age(s), relationship(s) to head of household, and nature of employment or school now attending.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employment/School</u>

List high school(s) you attended and dates of attendance:

<u>Name of High School</u>	<u>Dates Attended</u>

List any academic and extra-curricular activities in which you have participated, including honors:

What will be your class standing during the period for which you wish to receive financial aid?

Freshman Sophomore Junior Senior Graduate Student

Please indicate your school preferences.

1. _____ 2. _____
 School Name School Name

 City and State (If in NJ, indicate county) City and State (If in NJ, indicate county)

I have been accepted to this school. I have been accepted to this school.
 I currently attend this school. I currently attend this school.

Vocational program or major course of study for which you seek assistance: _____

IV. Financial Information

Do you currently work or will you work while attending school? Yes (FT / PT) No

Current/potential employer: _____ Salary: _____

State why you are seeking financial aid: _____

Estimated total cost of annual tuition: \$ _____

Estimated total financial amount you will require for ONE YEAR: \$ _____

Other Grants/Scholarships/Aid You Will Receive **Amount**

V. References (Non-relative)

1. _____
 Name Relationship to Applicant Phone Number

 Street Address City State Zip

2. _____
 Name Relationship to Applicant Phone Number

 Street Address City State Zip

VI. Official Transcript and SATs

A high school or institution official transcript AND SAT and/or ACT score results MUST be attached UNLESS application is for a trade school not requiring these documents. Otherwise, application will not be considered without official transcript AND SAT/ACT scores.

VII. Additional Evaluations of Applicant

Due to the very competitive nature of the Scholarship Awards, any additional evaluations or recommendations from non-relatives such as teachers, counselors, employers, etc. are necessary. Attach letters to the application.

VIII. Applicant's Related Work Experience (if any)

- (1) _____
- (2) _____
- (3) _____
- (4) _____

IX. Additional Information

Is there any other information you would like to provide? _____

X. Essay

You must attach a typed essay (100-200 words) explaining why you are interested in a career in a building/remodeling related field. Please be concise and specific.

XI. Parent/Guardian Certification

To the best of my knowledge, I agree that the information reported herein is complete and correct. I understand that _____ is applying for financial aid to help with the educational expenses that will be incurred at _____. I approve of this application.

Applicant's Name
Institution Name

Parent/Guardian Signature

Date

XII. Applicant Certification

I hereby acknowledge that the information reported herein is complete and correct.

Applicant Signature

Date

Deadline for completed applications is **April 1, 2022**. Please mail to: **Builders Association of Northern NJ Post Office Box 1236, Maywood, NJ 07607**. ****All applications only without supporting documents must be emailed to kathleen@bannj.org by 4/1 and prior to mailing the documents.**

*The Donald Van Natta and The Alex Sands and Jeffrey C. Mathieu Memorial Scholarships for the academic year 2023/2024 may each grant **an amount up to \$1,000**. The Community Foundation of NJ John J. and Helen M. Durante Family Charitable Trust Scholarship will grant a total of \$4,000 to one student (\$2,000 for the first year and \$2,000 for the second year). See Durante Application for more details & requirements.*