

# 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):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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:** \$ \_\_\_\_\_

<u>Other Grants/Scholarships/Aid You Will Receive</u>	<u>Amount</u>

**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 3, 2023**. 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](mailto:kathleen@bannj.org) by 4/3 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.*