

NEW JERSEY STATE ELKS SPECIAL CHILDREN'S COMMITTEE  
P. O. BOX 1596  
WOODBRIIDGE, NJ 07095-1596

**2021 SCC SCHOLARSHIP APPLICATION**

*Please read carefully **before** completing application.*

The New Jersey State Elks Special Children's Committee awards two \$10,000 scholarships to graduating seniors (one female, one male) and two \$4,000 runner-up scholarships for the purpose of assisting students with disabilities in obtaining a college education. Scholarship aid in the form of payment of tuition in an amount not to exceed \$2,500 annually for the winner (\$1,000 annually for the runner-up) for up to four years is offered each year upon verification that said student has an excellent scholastic standing, general worthiness, financial need, and a physical and/or mental disability including learning disabilities.

Upon a student being notified of his or her selection as a recipient of a Scholarship Award, the student shall immediately notify this committee by letter of his or her acceptance of the Award and the name and address of the college which the student will be entering. Payment of an annual tuition fee or the sum not to exceed \$2,500 (\$1,000 for the runner-up), toward the annual tuition shall be made by the committee to the college in such installments as provided by the Rules and Regulation of the particular college concerned. It will be required that the college keeps this committee informed of the progress and scholastic standing of the student.

The New Jersey State Elks Special Children's Scholarship Committee will not pay tuition fees for more than four (4) years of college without special consent and agreement. This agreement and consent may be given in special circumstances at the discretion of the committee.

Applicants **MUST** be a bona fide resident of the state of New Jersey and must be a senior attending a New Jersey High School at the time of submitting this application. The New Jersey State Elks Scholarship Committee may discontinue scholarship aid under this program at any time. Permission must be given to take and use any picture(s) of the applicant for any purpose that the said Committee may deem advisable and likewise make use of any pertinent information concerning the application.

Applications must be completed in its entirety. The check list on the last page must be adhered to and all applications must be signed by the student applying and his or her parents or guardians.

**PERSONAL INFORMATION:**

*(Please print legibly all information)*

Name of applicant: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Legal residence: \_\_\_\_\_

\_\_\_\_\_, New Jersey, Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Disability: \_\_\_\_\_

List any aids used (wheelchair, braces, etc.): \_\_\_\_\_

How many people in applicant's family? \_\_\_\_\_ How many are dependents? \_\_\_\_\_

Father/Guardian's Name and Age: \_\_\_\_\_

Mother/Guardian's Name and Age: \_\_\_\_\_

Give names and ages of siblings, school they are attending and what grade.

Name of Sibling:	Age	Grade	School	Special Needs:

Family Income:  
1040 IRS Form: \_\_\_\_\_ Interest: \_\_\_\_\_ Dividends: \_\_\_\_\_

**EDUCATION:**

An official transcript **MUST** be attached.

Name of School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Rank in class: \_\_\_\_\_ / \_\_\_\_\_ GPA: \_\_\_\_\_ SAT Scores: \_\_\_\_\_

Career Goal: \_\_\_\_\_

Extracurricular School Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Outside School Activities/Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names and addresses of colleges or other institutions to which you have applied:

_____	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been granted scholarship aid?  Yes  No If yes, please list source and amount of aid.

Granted by:

Amount of aid:

_____	_____
_____	_____
_____	_____

Please attach a brief statement of your ultimate goal. Include your particular purpose in the planned education sought and your career goal.

SCHOLARSHIP APPLICATION CHECKLIST:

Name: \_\_\_\_\_

I have completed the Scholarship Application and have also included the following information:

- Current photograph of applicant (not a snapshot) 5x7 glossy preferred.
- Letter from doctor describing in detail the nature and degree of disability and the limitations imposed by the condition. Total history from study team is **not needed**.
- Official School Transcript
- Attach a comprehensive letter or letters of recommendation covering character and personality from at least one person but not more than three people in authority at the high school you attend.
- Attach two or three letters of endorsement from responsible persons not related to you (other than teachers) who have had an opportunity to personally interview you and who can give a worthwhile opinion of your character, industry, purposefulness, and general worthiness.
- Attach a letter from parent or guardian or other responsible person explaining the financial condition of your family in sufficient detail to enable the committee to judge your need for assistance.
- Copy of most recent financial statement (1040 IRS Form) of the parent/guardian.
- Your letter stating your career goals and any other special facts, notes, or comments you feel necessary to be included with this application.

Name of Sponsoring Elks Lodge (lodge geographically nearest you): \_\_\_\_\_

The undersigned have read, understand, and accept the Rules, Regulations, and Conditions as herein set forth and the statements made herein and in the attached paper work are correct.

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF MOTHER/GUARDIAN: \_\_\_\_\_

SIGNATURE OF FATHER/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**All applications must be received by the Scholarship Committee no later than April 23, 2021. When the application is completed, the application and ALL attached letters and documents must be mailed to:**

SCHOLARSHIP COMMITTEE – NJSEA-SCC P. O. Box 1596 Woodbridge, NJ 07095-1596 or e-mailed to [sccheadquarters@gmail.com](mailto:sccheadquarters@gmail.com) with SCC Scholarship in the subject field.