

COLUMBIA HIGH SCHOOL SCHOLARSHIP FUND

P.O. Box 315, Maplewood, New Jersey 07040

www.chssf.org

CONFIDENTIAL APPLICATION FOR SENIORS

READ CAREFULLY AND PRINT CLEARLY

S1.	Applicant's last name	First name	Middle name	M	F	Non-Binary/Third Gender
S2.	Home address number	Street	Apt.	City	State	Zip Code
S3.	Telephone: (Home #)		(Cell #)		Last (4) digits Soc. Sec. No.	
S4.	Year of CHS Graduation	E-Mail Address			Name of Guidance Counselor	
S5.	Special Scholarships for which you may be eligible (See Instruction Sheet)					

APPLICANT'S INFORMATION

A1. Applicant lives with: Parents Mother Father Spouse Other _____

A2. Is applicant married? No Yes Dependents? No Yes How many? _____

A3. Colleges or schools to which you have been accepted (in order of choice): _____

A4. What field of study are you pursuing? _____

A5. Are you receiving financial aid? Yes No

(Check any that apply): F A F S A Scholarship/Grant Loan Work Study Educational Opportunity Fund (EOF)
 Other _____

EXPLAIN HOW YOU PLAN TO FINANCE NEXT SCHOOL YEAR			
Name of school most likely to attend: _____			
A6. ESTIMATED EDUCATIONAL EXPENSES	2023-2024	A7. ESTIMATED FINANCIAL RESOURCES	2023-2024
Tuition and fees	\$	Grants, scholarships, fellowships, work study, and any other sources of financial aid.	\$
Room	\$	Loans (bank, student, state, credit card, other)	\$
Board	\$	Contribution from applicant's parents/guardian	\$
Books and Supplies	\$	Contribution from others	\$
Transportation: (two round trip railroad, bus, air coach fares if applicant is a resident student, or commuting expenses if applicant is a commuter.)	\$	Applicant's wages, tips, savings, etc.	\$
		Applicant's interest and investments	\$
		Social Security benefit	\$
		Veteran's benefits	\$
TOTAL EDUCATIONAL EXPENSES	\$	TOTAL FINANCIAL RESOURCES	\$

PARENT(S) / GUARDIAN(S) / SPOUSE (If Applicable) INFORMATION					
		PARENT	PARENT	GUARDIAN	SPOUSE
P1.	NAME				
P2.	Address (if other than applicant's)				
P3.	Age				
P4.	Current Marital Status				
P5.	Occupation				
	Number of years employed at same				
	Annual salary before taxes				
	this year estimated				
	last year actual				
	Other income (gifts, social security, child support, etc.)				
P6.	ASSETS / EXPENSES				
	year purchased				
	purchase price				
	present assessed value				
	what is owed on mortgage				
	annual mortgage payments (including taxes)				
	If you do not own a home, indicate annual residence rental fees				
	Value of other real estate (Rental property, summer home, timeshare, etc.)				
	Cash, Savings, Checking accounts, etc.				
	Other investments (stocks, bonds, CD's, 529 plans) DO NOT INCLUDE IRA's, 401k, 403(b) etc.				
	Car(s) - year and make				

P7. EXPLANATION OF SPECIAL CIRCUMSTANCES

Please explain special family circumstances, unusual expenses, illness, debts, dependencies, retirement provisions, etc. that would allow a fair evaluation of your financial need.

**WITH THIS APPLICATION
PLEASE SUBMIT A COPY OF 2022 FILED INCOME TAX RETURN OF APPLICANT
AND PARENT(S) / GUARDIAN(S) / SPOUSE (If Applicable)
DO NOT SUBMIT W-2 FORMS**

A8. I agree to report to the Columbia High School Scholarship Committee, P.O. Box 315, Maplewood, NJ 07040, any scholarship grants and/or loans received after this application has been submitted. Failure to do so may jeopardize award.

Date _____
 Month Day Year

Signature of Applicant

APPLICANT EMPLOYMENT/CLUBS/SPORTS/ VOLUNTEER INFORMATION

A9. Please give a brief statement of your employment during the school year and wages earned. **Include any clubs/sports/volunteer information.**

Blank area for response to A9.

A10. Please give a brief statement of your activities last summer including wages earned, and what is planned for this summer including estimate of wages. **INCLUDE ANY VOLUNTEER INFORMATION.**

Blank area for response to A10.

APPLICANT'S DECLARATION

The information contained in this application is true to the best of our knowledge. We authorize its use by the Columbia High School Scholarship Fund.

Date _____
Month Day Year

Signature of Parent / Guardian / Spouse

Date _____
Month Day Year

Signature of Applicant

ADDITIONAL COMMENTS

PLEASE READ CAREFULLY

Do not file your application unless every question is answered. If question does not apply, answer it by showing a dash (-). **Incomplete applications will not be reviewed for scholarship consideration.**

CHECKLIST *(Is your application complete?)*

Please check (✓) each box:

- Are all questions answered?
- Did you include 2022 tax return(s)?
- Did you and your parent / guardian / spouse sign?