



COLUMBIA HIGH SCHOOL SCHOLARSHIP FUND

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

www.chssf.org

CONFIDENTIAL APPLICATION FOR GRADUATES

READ CAREFULLY AND PRINT CLEARLY

G1. _____
Applicant's last name First name Middle name M F Non-Binary/Third Gender

G2. _____
Home address Street Apt. # City State Zip Code

G3. _____
Telephone: (Home #) (Cell #) Last (4) digits Soc. Sec. No.

G4. _____
Year of High School Graduation E-Mail Address College ID# (If applicable)

G5. _____
Special Scholarships for which you may be eligible (See Instruction Sheet)

A1. College/School now attending _____
Name Address

Present year in college/school: Freshman Sophomore Junior Senior Graduate School

A2. College/School which you will be attending (if different) _____
Name Address

PLEASE INCLUDE AN UNOFFICIAL COPY OF YOUR TRANSCRIPT SHOWING YOUR FALL SEMESTER GRADES

A3. Applicant lives with: Parents Mother Father Spouse School Housing Other _____

A4. Is applicant married? No Yes Dependents? No Yes How many? _____

A5. Applicant is: In School Working Other (Please explain): _____

A6. What field of study are you pursuing? _____

A7. Are you receiving financial aid? Yes No (Check any that apply): FAFSA Scholarship/Grant Loan Work Study
 Educational Opportunity Fund (EOF) Other _____

A8. EDUCATIONAL EXPENSES			A9. FINANCIAL RESOURCES		
	2024-2025 Actual	2025-2026 Estimated		2024-2025 Actual	2025-2026 Estimated
Tuition and fees	\$	\$	Grants, scholarships, fellowships, work study, and any other sources of financial aid. (List)	\$	\$
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 benefits	\$	\$
			Veterans 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				
	Home (If Owned)				
	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 2024 FILED INCOME TAX RETURN OF APPLICANT AND
PARENT(S) / GUARDIAN(S) / SPOUSE (If Applicable)
DO NOT SUBMIT W-2 FORMS**

A10. 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/VOLUNTEER/CLUBS/SPORTS INFORMATION

A11. Please give a brief statement of your employment/volunteer/clubs/sports activities during the school year. Include wages earned.

A12. 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.**

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 2024 tax return(s)?
- Did you include fall transcript?
- Did you and your parent / guardian / spouse sign?