THE NEW JERSEY SUBCONTRACTORS ASSOCIATION
SCHOLARSHIP PROGRAM

THE PROGRAM
The New Jersey Subcontractors Association of New Jersey (NJSA) is administering a scholarship program in memory of Charles Weir to assist the immediate family of NJSA members, who plan to pursue post-secondary education in college and vocational programs. Scholarships will be offered for full-time study at any accredited post-secondary institution of the student’s choice.

ELIGIBILITY
Applicants to the New Jersey Subcontractors Association Scholarship Program must be:

- The child of an NJSA member in good standing. The child may be natural, legally adopted, or a stepchild.
- High school seniors who plan to enroll in a full-time undergraduate course of study at an accredited two- or four-year college, university, or vocational-technical school.
- Only one application per NJSA member company will be accepted.

AWARDS
The NJSA will be awarding several scholarships in the amount of $1,000 each. Payment will be made in August 2020, and checks will be mailed to the bursar of the school where the scholarship winner will do his or her undergraduate work.

APPLICATION
Each applicant must complete the attached applications and mail it along with a current complete transcript of grades to NJSA postmarked no later than May 15, 2020. Applications may be reproduced as needed.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. All information received is considered confidential.

SELECTION OF RECIPIENTS
Scholarship recipients are selected on the basis of academic record, potential to succeed, leadership and participation in school and community activities, honors, a statement of educational and career goals, and an outside appraisal. Financial need is not considered.

Final selection of recipients is made by the NJSA Board of Directors. Award recipients will be notified by June 5, 2020. Not all applicants to the program will be selected as recipients.

REVISIONS
The NJSA Board of Directors reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time, including termination of the program.

ADDITIONAL INFORMATION
Questions regarding the scholarship program should be addressed to:

Gerry McCarthy
B.J. McGlone & Co., Inc.
P.O. Box 594
Edison, NJ 08818-0594
Telephone: (732) 287-8600
Email: gmccarthy@bjmcglone.com
THE NEW JERSEY SUBCONTRACTORS ASSOCIATION
SCHOLARSHIP PROGRAM

Type or print all information except for signatures. If space provided in any section is inadequate, information may be continued on additional sheets of paper. Attach additional sheets to the original document.

Application Postmark Deadline is May 15, 2020

PERSONAL
LAST: ___________________________ FIRST: ___________________________ MIDDLE INITIAL: _____
HOME ADDRESS: __________________________
CITY: ___________________________ STATE: ___________________________ ZIP CODE: __________
DATE OF BIRTH: ___________________________ TELEPHONE: ___________________________
SOCIAL SECURITY NUMBER: ___________________________

PARENT OR GUARDIAN
LAST: ___________________________ FIRST: ___________________________
EMPLOYER: (MUST BE AN NJSA MEMBER) ___________________________
INFORMATION
NJSA MEMBERSHIP NO.: ___________________________
CITY: ___________________________ STATE: ___________________________ ZIP CODE: __________
WORK TELEPHONE: ___________________________
RELATIONSHIP TO APPLICANT: ___________________________

HIGH SCHOOL
SCHOOL NAME: ___________________________ GRADUATION DATE: __________
DATA
CITY: ___________________________ STATE: ___________________________ SCHOOL TELEPHONE: ___________________________

CERTIFICATION
In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes property of NJSA.
SIGNATURE: ___________________________ DATE: __________________________

APPLICATION
Applicant is responsible for ensuring that all items listed below are submitted to:

CHECK
NJSA Scholarship Program
P.O. Box 166
Succasunna, NJ 07876

☐ COMPLETED APPLICATION
☐ EVALUATION FORM
☐ OFFICIAL TRANSCRIPTS OF HIGH SCHOOL GRADES
POST-SECONDARY

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference schools to which you have applied.) Use official school names.

SCHOOL DATA

SCHOOL: ______________________ CITY: ______________________ STATE: ________

SCHOOL: ______________________ CITY: ______________________ STATE: ________

TYPE OF SCHOOL: □ 4-year college or university □ 2-year community or junior college □ Vocational-technical school □ Other

ANTICIPATED DATE OF GRADUATION: ________________ ENROLLMENT DATE: _______

MAJOR OR COURSE OF STUDY: ______________________

VOLUNTEER EXPERIENCE

Describe any volunteer experience during the past four years.

Employer/Position | Dates (Month/Year) | Hours per Week
--- | --- | ---

| | From | To |

ACTIVITIES, AWARDS & HONORS

List all activities, both school and community, in which you have participated during the last four years. Please include any special awards, honors, or offices held.

Activity | No. of Years Participated | Special Awards, Honors | Offices Held
--- | --- | --- | ---

| | | |

On a separate piece of paper, please type your responses to the following questions. Please limit your submissions to 250 words or less.

CAREER CHOICES

Why are you interested in your career choice, and what event or series of events have led you to this decision?

PERSONAL EXPERIENCES

What has been your most important extracurricular activity, your most important contribution to it, and what has your participation in it meant to you as an individual?
THE NEW JERSEY SUBCONTRACTORS ASSOCIATION
SCHOLARSHIP PROGRAM

To be completed by a high school counselor, advisor, or instructor who knows you well. You have been asked to provide information in support of this application to the NJSA. Please give immediate and serious attention to the following statements. **Please type or print using black ink.**

When completed please return to applicant or forward directly to the foundation (postmarked no later than May 15, 2020):

**NJSA Scholarship Program**

**P.O. Box 166**

**Succasunna, NJ 07876**

---

**APPLICANT’S NAME:**

**NAME OF EVALUATOR:**

**RELATIONSHIP TO APPLICANT:**

**OCCUPATION/SCHOOL:**

**ADDRESS:**

**TELEPHONE:**

**HOW LONG HAVE YOU KNOWN THE APPLICANT?**

**FURNISH INFORMATION ON THE NATURE AND FREQUENCY OF YOUR CONTACTS AND OBSERVATIONS OF THE APPLICANT:**

---

**The Applicant’s Choices of Post-Secondary Educational Program is**

- [ ] Extremely Appropriate
- [ ] Appropriate
- [ ] Inappropriate

**The Applicant’s Achievements Reflect His/Her Ability**

- [ ] Extremely Well
- [ ] Well
- [ ] Not Well

**The Applicant’s Ability to Set Realistic and Attainable Goals is**

- [ ] Excellent
- [ ] Good
- [ ] Poor

**The Quality of the Applicant’s Commitment to School, Work and/or Community is**

- [ ] Excellent
- [ ] Good
- [ ] Poor

**The Applicant Demonstrates Curiosity and Initiative**

- [ ] Extremely Well
- [ ] Well
- [ ] Not Well

**The Applicant Demonstrates Good Problem Solving Skills, Follows Through and Completes Tasks**

- [ ] Extremely Well
- [ ] Well
- [ ] Not Well

**The Applicant’s Respect for Self and Others is**

- [ ] Excellent
- [ ] Good
- [ ] Poor

**ADDITIONAL COMMENTS:**

---

**SIGNATURE:** _______________ **DATE:** _______________