



## **GATEWAY SCHOLARSHIP FOUNDATION, INC.**

### Instructions to students

1. Carefully answer all the questions on the application. Ask your parent/guardian and school counselor for assistance.
  
2. You must be entering an accredited college\*, trade or technical school, pursuing a certificate or degree in a wide range of programs. Examples of eligible programs in college are technical, such as computer science, medical technology, nursing, or engineering. Programs in trade or technical school can include plumbing, welding, cosmetology, culinary arts, and many others too numerous to mention. You can also apply if you are a continuing student in an approved program, whether or not you have applied for this scholarship in the past.  
\*the term "college" also refers to university
  
3. The personal statement, which you must attach to this application, is an extension of you. In most cases, it is the only picture of you the Scholarship Selection Committee will see. It is very important to:
  - a. Type or print clearly.
  - b. Sign this application and your personal statement.
  - c. Include anything you want to tell the Scholarship Selection Committee that would help them to know you better.
  
4. The Scholarship Selection Committee relies completely upon the application and the materials you provide in selecting scholarship recipients. Be accurate and thorough. Your information will be kept in the strictest confidence.
  
5. PLEASE RETURN:
  - a. COMPLETED APPLICATION
  - b. TRANSCRIPT
  - c. PHOTO OF YOURSELF (1 COPY)
  - d. YOUR BIO
  - e. PERSONAL STATEMENT

**TO: GATEWAY SCHOLARSHIP FOUNDATION, INC.**

C/O Gateway Regional Chamber of Commerce

135 Jefferson Avenue, Box 300

Elizabeth, New Jersey 07207

**OR EMAIL TO: [BidisaRai@gatewaychamber.com](mailto:BidisaRai@gatewaychamber.com)**

**SUBMIT THE HIGH SCHOOL TRANSCRIPT RELEASE FORM TO YOUR SCHOOL COUNSELOR. THE DEADLINE FOR RETURNING ALL THE MATERIAL IS FRIDAY APRIL 28, 2017**



**TRANSCRIPT RELEASE FORM**

TO THE STUDENTS: You **and** your parent/guardian should sign the release form and return it to your school counselor for completion. This authorizes the high school to release a copy of your transcript to the Gateway Scholarship Foundation, Inc.

SIGNATURE - Student \_\_\_\_\_

Date \_\_\_\_\_

SIGNATURE - Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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**--- CONFIDENTIAL ---  
HIGH SCHOOL INFORMATION**

NAME OF STUDENT \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_

NAME OF COUNSELOR \_\_\_\_\_

COUNSELOR'S COMMENTS \_\_\_\_\_

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

Counselor's Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Please attach a copy of the student's transcript with this form and return to us no later than **FRIDAY APRIL 28, 2017. Mail to:**

**GATEWAY SCHOLARSHIP FOUNDATION, INC.**  
C/O Gateway Regional Chamber of Commerce  
135 Jefferson Avenue, Box 300  
Elizabeth, New Jersey 07207



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**SCHOLARSHIP APPLICATION  
GATEWAY SCHOLARSHIP FOUNDATION, INC.**

**STUDENT'S PERSONAL INFORMATION**

STUDENT NAME: \_\_\_\_\_  
  First Name                    Middle Initial                    Last Name

ADDRESS: \_\_\_\_\_  
                                    Street

\_\_\_\_\_  
                    City                    State                    Zip Code

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME OF CURRENT HIGH SCHOOL:  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF COLLEGE/SCHOOL YOU PLAN ON ATTENDING:  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

INTENDED MAJOR: \_\_\_\_\_

HAVE YOU APPLIED? YES  NO       HAVE YOU BEEN ACCEPTED? YES  NO



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**SCHOLARSHIP APPLICATION  
GATEWAY SCHOLARSHIP FOUNDATION, INC.**

**STUDENT'S PERSONAL INFORMATION CONTD.**

1. How do you plan to finance your education?

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2. What were your total earnings during the school year and summer?

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3. List your activities including any part-time work or volunteer experiences. (Attach a separate page if needed)

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4. What are your career plans? \_\_\_\_\_

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**ATTACH A STATEMENT (one page, double spaced, typed or printed) ABOUT YOU AND WHY YOU BELIEVE YOU NEED AND DESERVE THIS SCHOLARSHIP.**



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SCHOLARSHIP APPLICATION
GATEWAY SCHOLARSHIP FOUNDATION, INC.

FAMILY INFORMATION

FATHER/GUARDIAN \_\_\_\_\_ MOTHER/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADJUSTED GROSS INCOME\* \$ \_\_\_\_\_ ADJUSTED GROSS INCOME\* \$ \_\_\_\_\_

\*From IRS form 1040 - line 37

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1. How many other children in your immediate family? \_\_\_\_\_

Age(s) of brother(s) \_\_\_\_\_ Age(s) of sister(s) \_\_\_\_\_

2. Are any attending college, trade or technical schools? \_\_\_\_\_

Name(s) of institution(s) \_\_\_\_\_

3. Please explain any unusual circumstances in your life (examples: serious family illness, foster care, IRS forms not available, etc.)

Three horizontal lines for providing details to question 3.