



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 a **graduating Union County High School senior in New Jersey**, entering an accredited trade or technical school, pursuing a certificate or degree in a wide range of programs. Examples of eligible technical programs in college are computer science, medical technology, nursing, or engineering. Programs in trade or technical schools can include plumbing, welding, cosmetology, culinary arts, and many others. Whether or not you have applied for this scholarship in the past, you may also apply if you are a continuing student in an approved program.
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 get 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. YOUR BIO
 - d. PERSONAL STATEMENT

TO: GATEWAY SCHOLARSHIP FOUNDATION, INC.

C/O Gateway Regional Chamber of Commerce
PO BOX 300, Elizabeth, NJ 07207

OR EMAIL TO: CamilaCuevas@gatewaychamber.com

**SUBMIT THE HIGH SCHOOL TRANSCRIPT RELEASE FORM TO YOUR SCHOOL COUNSELOR.
THE DEADLINE FOR RETURNING ALL THE MATERIAL IS WEDNESDAY, APRIL 15, 2020.**

Please be advised that all documents need to be submitted on time and all together.



--- CONFIDENTIAL ---

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

STUDENT'S PERSONAL INFORMATION

Student Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. **Cell Phone:** Click or tap here to enter text.

E-Mail: Click or tap here to enter text.

Name of Current High School: Click or tap here to enter text.

Address: Click or tap here to enter text.

Name of College/School You Plan on Attending: Click or tap here to enter text.

Address: Click or tap here to enter text.

Intended Major: Click or tap here to enter text.

Have You Applied? YES NO **Have You Been Accepted?** YES NO

----- *CONFIDENTIAL* -----

**SCHOLARSHIP APPLICATION
GATEWAY SCHOLARSHIP FOUNDATION, INC.
STUDENT'S PERSONAL INFORMATION CONTD.**

1. How do you plan to finance your education?

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

4. What are your career plans?

Click or tap here to enter text.

**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 Name: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

Employer: Click or tap here to enter text.

Adjusted Gross Income* \$ Click or tap here to enter text.

*From IRS form 1040 – line 37

Mother/Guardian Name: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

Employer: Click or tap here to enter text.

Adjusted Gross Income* \$ Click or tap here to enter text.

*From IRS form 1040 – line 37

1. How many other children are in your immediate family? Click or tap here to enter text.
 - a. Age(s) of brother(s) Click or tap here to enter text.
 - b. Age(s) of sister(s) Click or tap here to enter text.
2. Are any attending college, trade or technical schools? Click or tap here to enter text.
3. Name(s) of institution(s): Click or tap here to enter text.
4. Please explain any unusual circumstances in your life (examples: serious family illness, foster care, IRS forms not available, etc.)
Click or tap here to enter text.



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: Click or tap here to enter text.

Signature - Parent/Guardian _____

Date: Click or tap here to enter text.

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

Name of Student: Click or tap here to enter text.

Name of High School: Click or tap here to enter text.

Name of Counselor: Click or tap here to enter text.

Counselor's Comments: Click or tap here to enter text.

Counselor's Signature: _____

Phone # Click or tap here to enter text. Date: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Please attach a copy of the student's transcript with this form and return to us no later than **WEDNESDAY, APRIL 15, 2020. Mail to:**

GATEWAY SCHOLARSHIP FOUNDATION, INC.
C/O Gateway Regional Chamber of Commerce
PO BOX 300, Elizabeth, NJ 07207
OR EMAIL TO: CamilaCuevas@gatewaychamber.com