United Bowhunters of New Jersey

Scholarship Application Committee
PO Box 8793
Trenton, NJ 08650
scholarship@ubnj.org

Student Information:

Name: _____

Social Security Number: _____ DoB: _____/_____/_____

High School: _____ Graduation Year: _____

Major area of study: _____

Mailing Address:

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Local Address: (If different from mailing address)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Parent Information:

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

UBNJ Membership Information:

UBNJ Member(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

UBNJ Membership #: _____

Relationship to Applicant: _____

Please enter the information of the newspaper that you would like to be notified if scholarship is awarded to you:

Newspaper: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax #: _____

Additional Information:

The following information is required for consideration for scholarship.

List honors you have received in high school/college:

Honor received	Awarding Organization

List activities you currently or previously participated in:

Activity	Years of Participation

List organizations you currently belong to and offices held:

Organization	Office Held

Are you receiving other scholarship(s) for the upcoming year?

☐ Yes ☐ No Amount $ _____

Are there other immediate family members attending elementary or secondary school?

☐ Yes ☐ No How many _____

Are there other immediate family members attending college?

☐ Yes ☐ No How many _____

Father's Occupation _____ **Mother's Occupation** _____

Number of dependents _____ **Ages** _____

Will you work while attending college?

☐ Yes ☐ No If yes, approx how many hours per week _____

Will you get a student loan for college expenses?

☐ Yes ☐ No

Do you plan to teach when you graduate?

☐ Yes ☐ No

List three instructors who are familiar with your work:

Reference Name	College or High School Name
_____	_____
_____	_____
_____	_____
_____	_____

List reasons for applying for scholarship	List educational/professional goals
_____	_____
_____	_____
_____	_____
_____	_____

Essay:

_____ _____

Applicant's Signature **Date**

Consent to Usage: By accepting Scholarship, winner accepts these official rules and agrees to use by UBNJ of thier name, city and state of residence for advertising and promotional purposes in any and all media now and hereafter in perpetuity without additional compensation, notification or permission, unless prohibited by law.