

CUMBERLAND COUNTY BAR FOUNDATION

**P.O. BOX 883
VINELAND, NEW JERSEY 08362
(856) 691-0424 Fax (856) 696-1010**

**SCHOLARSHIP APPLICATION FOR STUDENTS AT
CUMBERLAND COUNTY COLLEGE**

THIS APPLICATION MUST BE POSTMARKED BY MARCH 21, 2008.

**ATTACH A COPY OF YOUR TRANSCRIPT AND YOUR LETTER OF RECOMMENDATION TO
YOUR COMPLETED APPLICATION**

TYPE or PRINT all information

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **Zip Code:** _____

Telephone No.: _____ **Social Security No.:** _____

High School and year of graduation: _____

EMPLOYMENT:

If you work or have worked since high school, provide the names of your employers, the dates of employment and a short job description for each job held and provide your salary for your current position.

PARENTS:

Father

Mother

Name: _____

Address: _____
(if different from yours)

(if different from yours)

Occupation: _____

Employer: _____

SIBLINGS:

Number of brothers and their ages: _____

Number of sisters and their ages: _____

If any of your siblings are in college, provide the name of their school, their class year as of the Fall 2008 and their tuition:

If you have attended any colleges or universities OTHER THAN Cumberland County College, list all schools that you have attended and include the dates of attendance and your field of study:

With regard to your attendance at Cumberland County College, provide:

Your class year and tuition as of Fall 2008: _____

Tuition paid for the 2007 – 2008 school year : _____

Your intended major : _____

Your minor (if applicable): _____

Your career goals:

List all financial aid/scholarships/grants/etc you have received/been awarded for the academic year 2008-2009: (provide the amount of the scholarship, award and/or grant)

Please list all extra-curricular activities that you have participated in during your years in college, in and out of school, to include all clubs, organizations, sports teams, community service groups, etc.

Freshman year:

Sophomore year:

Junior year:

Provide a brief description of why you feel that you would not be able to pursue your education without this scholarship:

Your signature: _____

Date: _____