



Certified Educational Facilities Managers
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www.njsbga.org

2020 NJSBGA Scholarship Program Application

The New Jersey School Buildings and Grounds Association seeks to assist students who will continue their education by offering scholarships to high school seniors in search of a Bachelor or Associates degree; or training in the Trades or Technology fields. For 2020, a total of 10, \$1,000 scholarships will be awarded, with an additional Presidential Scholarship Award of \$1,000; for a child of a Facility Manager in good standing with the Association. Winners will be announced at the NJSBGA Annual Dinner Banquet on Tuesday March 24, 2020. Chapter Presidents and/or their designees will attend high school award ceremonies, to make formal presentations of the scholarships to the selected candidates. The scholarship payment will be made directly to the recipient upon proof of acceptance to an accredited college or trade school. Individuals interested in being considered must complete all of the application materials listed below and submit the required documents by the submission deadline. All applications must be either emailed or postmarked no later than **Monday March 9, 2020**.

NJSBGA Scholarship Program Application Packet

Page 2	Applicant's Information
Page 3	Official High School Transcript and SAT/ACT Scores College Choice and Degree/Career Path
Page 4	Extracurricular Activities, Volunteer/Work Honors, Awards, or Recognitions
Page 5	NJSBGA Essay

Two (2) letters of recommendation, from an administrator, counselor, teacher, employer, or clergy; **must accompany** your application, attesting to your character and deserving candidacy.

*All applications and attachments are to be paper clipped together (**no staples please**).*

Scholarship Committee Application Evaluation Tool = 100 points

Financial need	25 points
SAT/ACT composite scores	20 points
Transcript; Grade Point Average	10 points
; Curriculum Load	10 points
Honors, Awards, Recognitions, Activities, Sports, Work, Volunteer	10 points
Essay	25 points

Mail to the NJSBGA-Scholarship Chair

James A. Alberti; CEFM

Director of Facilities

Lawrence Twp. Public Schools

2565 Princeton Pike; Lawrenceville, NJ 08648

jalberti@ltps.org

2020 NJSBGA SCHOLARSHIP PROGRAM APPLICATION

Name _____ Date _____

Address _____ Phone _____

(Town, State, Zip Code)

E-mail address: _____

Father's (Male Guardian) Name: _____ Occupation: _____

Place of employment (Workplace): _____

Mother's (Female Guardian) Name: _____ Occupation: _____

Place of employment (Workplace): _____

Are you a child of an NJSBGA State or Local Chapter Officer, Board Member, Member, or Representative? YES NO

If YES, please provide the name and position: _____

Financial Need: - Please indicate your family's adjusted gross income from their last filed tax return:

Under \$15,000	_____	\$45,000 to \$60,000	_____
\$15,000 to \$20,000	_____	\$60,000 to \$75,000	_____
\$20,000 to \$25,000	_____	\$75,000 to \$90,000	_____
\$25,000 to \$35,000	_____	\$90,000 to \$105,000	_____
\$35,000 to \$45,000	_____	\$105,000 to \$120,000	_____
	Over \$120,000	_____	

Total number of family members living at home: _____

Number of dependent children at home: _____ Ages: _____

Number of dependents attending college/post-secondary, including yourself: _____

Other financial considerations, which need to be noted:

Student Signature

Date

Parent/Guardian Signature

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2020 NJSBGA SCHOLARSHIP PROGRAM APPLICATION

Please request your school Principal, Counselor, or Admission's Office provide the information requested in Parts I, II, and III.

APPLICANT'S NAME: _____

Name of High School: _____

Town: _____ NJ County: _____ Zip Code: _____

I. CUMULATIVE HIGH SCHOOL GRADE POINT AVERAGE: _____
(GPA based on a 4.0 point system-inclusive of fall 2019 grades.)

If other than 4.0 GPA system is used, indicate 4.0 equivalency or point system.
(Copy of official transcript from high school must be included with application)

COLLEGE ENTRANCE EXAMINATION SCORE: (one must be completed)
ACT _____ SAT _____

(Copy of official scores must be included with application)

II. Date of High School Scholarship, Awards, or Recognition Ceremony:

School Ceremony Contact Information:

Name/Title: _____

Phone Number: _____

Email: _____

III. Two (2) Letters of Recommendation attesting to the applicant's character and deserving candidacy from an Administrator, Counselor, Teacher, Employer, or Clergy.

Signature – Principal – Counselor – Admission's Officer

Title

Printed Name

Date

IV. COLLEGE CHOICE (To be completed by Applicant):

College(s) to which you have applied (list in preference):

1. _____

2. _____

3. _____

Yearly Cost:

\$ _____

\$ _____

\$ _____

ACREDITTED TECH or TRADE SCHOOL

1. _____

\$ _____

Anticipated Degree/Career Path: _____

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V. EXTRA CURRICULAR ACTIVITIES, VOLUNTEER/WORK
(May attach additional sheet or student resume)

A. Athletics/Sports:

B. Business/Leadership:

C. Arts/Music/Drama:

D. Humanitarian/Social:

E. Religious:

F. Work Experience:

G. ADDITIONAL HONORS, AWARDS, RECOGNITIONS

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