



PARTICIPATION INTENT FORM

I understand **I MUST RETURN THIS FORM BY April 1, 2017**, if I plan to submit an ACCNJ Scholarship Foundation application for 2017.

I understand that my completed application and all supporting forms are due **by April 14, 2017**.

Name of Applicant:

Name of Parent, Grandparent or Legal Guardian

Name of ACCNJ Member Company by whom parent, grandparent or legal guardian is employed:

Please complete and return this form by April 1, 2017, via fax (732)225-3105 or email to cfulton@accnj.org.



ACCNJ Foundation Scholarships

Check-off Form

Applicant Name _____

Enclosed, you will find the following completed items:

_____ Participation Intent Form (**due April 1, 2017**)

_____ Applicant Information

_____ Employee Information and Verification Form

_____ Official High School Transcript

_____ Official High School SAT scores (if not displayed on transcript) or ACT scores

_____ Two letters of reference (one reference from a faculty member from my current school on official letterhead)

_____ List of Activities/Community Service/Employment

_____ Essay. (*A brief essay about yourself, including any relevant circumstances in your life of which you believe the review committee should be aware.*)

Applicant's Signature: _____

Applicant's Name: _____

Please Print

Completed application packets must be mailed to the ACCNJ office **By April 14, 2017.**

For Office Use Only

Applicant Number _____
Verified by ACCNJ Staff _____
Date Received _____

Mail to:
Associated Construction Contractors of New Jersey (ACCNJ)
Raritan Center Plaza II * Suite A-19 * 91 Fieldcrest Avenue * Edison, NJ
08837



ACCNJ Scholarship Foundation

Applicant Information

Student Name _____

Street Address _____

City/State _____ Zip Code _____

Telephone # _____ Email _____

Applicant Birthdate _____

High School Name _____

High School Address (City, State) _____

Overall GPA _____ SAT Scores (Include all 3 groups) _____
Math Writing Crit. Reading

ACT Scores (if applicable) (Include all groups) _____ Composite Score _____

List top preferred colleges to which you applied: Accepted (please circle)

(1) _____ Yes / No

(2) _____ Yes / No

(3) _____ Yes / No

Indicate college you plan to attend in September 2017 _____

Intended Major _____

Please list all sports, school activities, and community service projects on a separate sheet of paper by academic year.

Essay for the ACCNJ Foundation Memorial Scholarships.

A brief essay about yourself, including any relevant circumstances in your life of which you believe the review committee should be aware.

Applicant's Signature _____

I hereby certify by signing that the above information is true to the best of my knowledge. I understand that the failure to provide accurate information or to abide by the terms of the scholarship may result in forfeiture of any award.



ACCNJ Scholarship Foundation

EMPLOYEE INFORMATION AND VERIFICATION FORM

EMPLOYEE INFORMATION

Applicant Name (Student): _____

Employee Name: _____
(Parent, Grandparent or Guardian who is employed by an ACCNJ member company)

Employed by: _____
(ACCNJ member company name)

Company Address: _____

Employee's Title or Position _____

Applicant's Relationship to Employee _____

EMPLOYER VERIFICATION

I verify that the above named employee has worked a minimum of 1,000 hours for our company between March 1, 2016, and March 1, 2017.

VERIFIED BY: _____

TITLE: _____

COMPANY: _____

PHONE NUMBER: _____

COMPANY REPRESENTATIVE SIGNATURE: _____

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