



PARTICIPATION INTENT FORM

I understand I **MUST RETURN THIS FORM BY March 2, 2026**, if I plan to submit an ACCNJ Scholarship Foundation application for 2026.

I understand that my completed application and all supporting forms are due **by March 31, 2026**.

Name of Applicant: _____

Applicant Email: _____

Applicant Phone Number: _____

Name of High School: _____

Name of Parent, Grandparent or Legal Guardian:

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

Applicant's Signature: _____

Date: _____

Please complete and return this form by March 2, 2026, via email to sgatling-davila@accnj.org.

For ACCNJ Use Only

Applicant Number _____

Verified by ACCNJ Staff _____

Date Received _____



ACCNJ Foundation Scholarships

Check-off Form (for applicant's use)

Applicant Name: _____

Forms and items to be returned to ACCNJ:

- ☐ Participation Intent Form **(due March 2, 2026)**
- ☐ Applicant Information
- ☐ Employee Information and Verification Form
- ☐ High School Transcript
- ☐ High School SAT or ACT scores (can be downloaded from CollegeBoard)
- ☐ Two letters of reference (one reference must be from a faculty member of your current school on official letterhead or via school email)
- ☐ List of Activities/Community Service/Employment (separate Word or PDF document, by high school academic year and hourly commitment per activity)
- ☐ *In an original **essay** of 500 words or less:
(Choose one of the prompts below)*

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

OR

❖ ***What does the construction industry represent to you, and in what ways has it shaped your values, interests, or future goals?***

Completed application packets must be RECEIVED at the ACCNJ office by March 31, 2026.

EMAIL (preferred method): sgatling-davila@accnj.org (Shamara Gatling-Davila)

MAIL: ACCNJ, Raritan Center Plaza II, 91 Fieldcrest Avenue, Suite A19, Edison, NJ 08837



ACCNJ Scholarship Foundation

Applicant Information

Student Name _____

Home Address _____

City/State _____ Zip Code _____

Telephone # _____ Email _____

Applicant Birthdate _____

High School Name _____

High School Address (City, State) _____

Overall GPA _____ SAT Scores (if applicable): _____
Math Reading Writing/Lang.

ACT Scores (if applicable): _____
English Math Reading Science Composite Score _____

List top preferred colleges to which you applied: _____ Accepted (Yes, No or TBD)

(1) _____

(2) _____

(3) _____

Indicate college you plan to attend in September 2026 or Undecided _____

Intended Major _____

Please list all school activities, sports, and community service projects in a separate Word or PDF document, by high school academic year. Be sure to include the hourly commitment per activity.

1. Essay for the ACCNJ Foundation Scholarships: **(Choose one of the following prompts)** - *In an original essay of 500 words or less: A brief essay about yourself, including any relevant circumstances in your life of which you believe the review committee should be aware, must be provided. OR What does the construction industry represent to you, and in what ways has it shaped your values, interests, or future goals?*

Applicant's Signature _____

I hereby certify by signing that the above information is true to the best of my knowledge. I understand 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)

Employee Email: _____

Employee's Title or Position: _____

Employee's Relationship to Applicant: _____

EMPLOYER VERIFICATION

I verify that the above-named employee has worked a minimum of 1,000 hours for our company between February 1, 2025 and February 1, 2026.

VERIFIED BY: _____

TITLE: _____

COMPANY: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

COMPANY REPRESENTATIVE SIGNATURE: _____

Completed application packets must be received by the ACCNJ office by **March 31, 2026**.

EMAIL EMPLOYEE VERIFICATION FORM TO: sgatling-davila@accnj.org