



PARTICIPATION INTENT FORM

I understand I **MUST RETURN THIS FORM BY April 1, 2024**, if I plan to submit an ACCNJ Scholarship Foundation application for 2024.

I understand that my completed application and all supporting forms are due **by April 19, 2024**.

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 April 1, 2024, via email to lbrannigan@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 April 1, 2024**)
- Applicant Information
- Employee Information and Verification Form
- Official** High School Transcript
- High School SAT or ACT scores (can be downloaded from CollegeBoard)
- Two letters of reference (one reference 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)
- Essay (*a brief essay about yourself, including any relevant circumstances in your life of which you believe the review committee should be aware*).

Completed application packets must be RECEIVED at the ACCNJ office by April 19, 2024.

EMAIL (preferred): lbrannigan@accnj.org

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: _____
Math Reading Writing/Lang.

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

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

(1) _____

(2) _____

(3) _____

Indicate college you plan to attend in September 2024 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.

Essay for the ACCNJ Foundation Scholarships

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.

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: _____

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, 2023 and March 1, 2024.

VERIFIED BY: _____

TITLE: _____

COMPANY: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

COMPANY REPRESENTATIVE SIGNATURE: _____

Completed application packets must be received by the ACCNJ office **by April 19, 2024.**

EMAIL EMPLOYEE VERIFICATION FORM TO: lbrannigan@accnj.org