



2019 Robbinsville PBA Local #344 Scholarship

Two (2) \$500 Scholarships Available!

Guidelines

Robbinsville Township PBA Local #344 announces the 2019 **Scholarship Awards Program**. Under the Program, two (2) \$500 scholarships will be awarded to seniors attending Robbinsville High School who are accepted as Freshman at an accredited Junior College, College, or University and are pursuing a Criminal Justice related Degree.

Program Guidelines & Priorities:

- * Seeking graduating seniors from Robbinsville High School with a record of volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- * Applicants must have a minimum GPA of 3.0.
- * Scholarship funds will be paid directly to the award winner(s) to be used for tuition and college related expenses. Award(s) will be presented at the 2019 Scholarship Awards Ceremony on June 4, 2019 at 6:30 pm at the Robbinsville High School.
- * Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program. Application deadline is **April 5, 2019 by 4:00 pm**

***Applications may be downloaded from the Robbinsville Township Police Department website:**
www.robbinsvilletownshippolice.org

If you have any questions please contact **Sgt. Thomas Egan: 609-259-3900 ext. 538**
thomase@robbinsville.net



@RobbinsvilleTwpPBA344

SCHOLARSHIP APPLICATION 2019

Please fill in your answers:				
1.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Last Name:</td> <td style="width: 5%; border: none;"></td> <td style="width: 45%; border: none;">First Name:</td> </tr> </table>	Last Name:		First Name:
Last Name:		First Name:		
2.	Mailing Address Street: City: State: Zip:			
3.	Telephone Number: () Email Address:			
4.	Date of Birth: Month Day Year Gender:			
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.			
6.	Are you the first person in your family to go to college: YES ___ NO ____			
7.	(If your resume or activities sheet answers question 7, please attach and skip to Question 8.) A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored volunteer activities in the community:			
8.	A. If you have decided on what college you will attend, please list school name: B. If not, list your top 3 college choices:			
9.	Please list any other scholarship program to which you have applied for or have received:			
10.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s) : Street: City: State: Zip: Phone number of parents or legal guardians: Work phone:			
11.	On a separate sheet please write an essay (250-500 words answering the questions below): Describe how volunteer or community service has shaped who you are today and what community service has taught you. Also, discuss in your essay about any challenges or obstacles that you have dealt with and overcome in life and how this will help you succeed in college and beyond.			

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Robbinsville Township PBA Local #344's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ Date: _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Robbinsville PBA Local #344.

Name of Guidance Counselor submitting the application:

Contact information
(email and phone): _____

Signature of Guidance Counselor: _____ Date: _____

Checklist

- Application
- Essay
- Resume/Activity Sheet
- Guidance Counselor signature
- School Transcript

HAND DELIVER COMPLETED APPLICATION PACKAGE TO THE ROBBINSVILLE POLICE DEPARTMENT:

1117 Rt. 130
Robbinsville, NJ 08691
Attn: Sgt. Thomas Egan

REMINDER:
The deadline for this application to be received is:
April 5, 2019 by 4:00 pm NO EXCEPTIONS!