

2014 Spirit of a Hero Scholarship Application Form

The Spirit of a Hero Scholarship is a \$5,000 scholarship being awarded to deserving graduating high school seniors in New Jersey to use towards their post-secondary education. New Jersey Heroes recognizes and celebrates the inspiring work being done by individuals and non-profit organizations across the Garden State to improve their communities and the lives of New Jersey residents.

Eligibility & Selection Criteria for Applicants:

- Must demonstrate a commitment to volunteerism and community contribution, in the spirit of New Jersey Heroes. Our mission at New Jersey Heroes is to recognize, celebrate, and promote the Heroes of New Jersey who inspire fellow New Jerseyans to give back to their community.
- Must be a United States citizen.
- Must be a New Jersey resident.
- Must be in good academic standing with their secondary school.
- Must be a high school senior receiving a diploma or high school equivalency diploma (GED).
- Must submit an official 4-year high school transcript.
- Must submit a letter of recommendation from a current teacher or advisor.
- Applicants must enroll as a student at an accredited college/university or a vocational training school in the 2014-2015 school year (Fall or Spring Semester).
- Application must be typed, double spaced, with size 12 font. Maximum 500 word count per essay.
- Must submit a completed scholarship application form via email, mail, or online submission.

Application Process:

- Application Deadline is Friday, March 21, 2014.
- The Spirit of a Hero Scholarship is only to be used for post-secondary tuition, fees, or books. The scholarship check will be made payable to the university of the recipient.
- Applicants must fully complete the application form either online at the New Jersey Heroes website: <http://newjerseyheroes.org/index/> by no later than 5:00pm on March 21, 2014 or submit an application via US Mail postmarked no later than March 21, 2014 and mailed to NJ Heroes, P.O. Box 95, Mendham, NJ 07945-0095.
- The New Jersey Heroes Scholarship Selection Committee will review and evaluate all scholarship applications and choose the appropriate recipients.
- Recipients of the scholarships will be notified in May.

Application:

- 1) Full Name of Applicant: _____
- 2) Street Address, City, State, Zip Code:

- 3) Home Phone/Cell Phone: _____
- 4) Email Address: _____
- 5) Birth Date: _____
- 6) Age: _____
- 7) High School Attending:

- 8) High School Address & Telephone Number:

- 9) High School Graduation Date:

- 10) Official High School Transcript: Please attach to application.
- 11) Letter of Recommendation (Teacher or Advisor): Please attach to application.
- 12) Contact Information for Recommending Teacher/Advisor (Phone or Email):

- 13) With the exception of motor vehicle violations, do you have any pending legal actions against you or have you ever been charged with a crime, misdemeanor, or disorderly persons offense in the state of New Jersey or any other state? _____
- 14) If you answered yes to question 13, please explain:

- 15) Attach a list of all community service activities you have been involved in over the past four years of high school. Please include the dates you participated, locations, and a brief description of each activity.
- 16) New Jersey Heroes recognizes outstanding individuals in our state who are doing remarkable things to help improve the lives of others and give back to their communities. In that spirit, please describe a volunteering experience you have been involved with in which you made a difference in your community or in New Jersey. (Maximum 500 word count. Please use an attachment for more room.)

17) Tell us about your future goals and how the scholarship will be used to meet those goals. Please feel free to include significant people and/or events that have influenced you. (Maximum 500 word count. Please use an attachment for more room.)

I affirm that the information provided in this application is true and complete to the best of my knowledge. I understand that if any of the information provided herein is knowingly false and/or inaccurate, I am subject to disqualification and will be ineligible for any award. I consent to the verification of information contained in my application. I understand that if selected, the scholarship check will be made payable to my college institution and will be sent directly to them for deposit into my student account to be applied to tuition, fees, and/or books. I understand if I am selected that I will need to provide all required information for payment to New Jersey Heroes by August 15, 2014 otherwise I will forfeit the scholarship. I hereby agree to these terms.

Signature of Applicant: _____ Date: _____

** We encourage all male applicants of 18 years of age to register for Selective Service at www.sss.gov, if you haven't done so already. **