2024-20254 Academic Year

CBVI Board of Trustees Scholarship Application

**Personal (All fields must be completed)**

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

E-mail:

Preferred Pronouns:

Date of Birth:

Cause of Vision-Impairment:

CBVI Caseworker/Counselor’s Name:

**Educational (Must be completed by current high school and college students only)**

Name of Current School:

City:

State:

Zip Code:

School Contact:

Title:

Phone Number:

**School You Plan to Attend in Fall 2024: (Must be completed by all applicants)**

Name:

City:

State:

Zip Code:

Major Area of Study:

Degree being pursued:

Date Degree Expected (Month/Year):

**Financial (Must be completed to be considered for Bodensiek and Buckley Scholarships)**

Number in Household:

Total Annual Income from All Sources:

**Essay Questions (Must be completed by all applicants)**

Please answer each of the following questions with a minimum of 75 and a maximum of 300 words response for each.

Essay Question One:

Who has been the most influential person in your life and why?

Essay Question Two:

What has been the most challenging aspect of your education thus far and what have you personally done to overcome that challenge?

Essay Question Three:

Why should you be selected for a scholarship? Please describe any academic achievements, community service activities, examples of leadership, or other personal characteristics that make you deserving of this scholarship.

Essay Question Four: (Must be completed to be considered for **Bodensiek** and/or **Buckley** Scholarships only)

Please describe why you decided to major in one of the following areas of study: Science, Technology, Engineering, Mathematics, Business, Communications, or Health Services.

**Supporting documents must be submitted via email with your last name and “Scholarship” on the subject line.**

**Incomplete scholarship applications will not be considered.**

**Submit your scholarship application materials by or before the deadline of April 25, 2024 to:** **CBVI.Scholarship@dhs.nj.gov**

**For questions or additional information, email:** **CBVI.Scholarship@dhs.nj.gov** **with “Question” on the subject line.**

**SUBMIT APPLICATION**

Bottom of Form