



COMMUNITY FOUNDATION OF NEW JERSEY

AUSTIN O. HOOEY SCHOLARSHIP

For further information, please contact:

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SCHOLARSHIP REQUIREMENTS

General Guidelines

The Austin O. Hooey Scholarship Fund provides one or more college scholarship awards ranging from \$5,000-\$10,000 per year for four consecutive academic years to a graduating senior(s) of Chatham High School to assist in attending a college/university the student desires to attend but the student and/or student's family might not otherwise be able to afford. *The scholarship will be awarded based on financial need, academic performance and merit.* The scholarship is conditional upon the recipient institution not displacing the aid in part or in total. Additionally, the scholarship is conditional on student still having financial need after he/she is awarded financial aid from all other public and private sources. For example, a student who has been awarded a full scholarship to attend their "dream school" is not considered to have financial need for the purposes of this scholarship.

Eligibility Requirements

We ask that each student support his/her application by including the items listed below. **Please no staples and do not double side pages.**

1. A copy of official high school transcript (*with raised seal*);
2. If you have already been accepted to an institution, please include a copy of the acceptance letter AND the details of the financial aid package offered by the institution. If you have not received a final financial aid award letter, please include the financial aid award estimate;
3. A copy of your resume as described in the application;
4. FAFSA/Student Aid Report (SAR) *in its entirety*.
5. The personal statement as described in the application;
6. A recommendation which you feel would strengthen your application;
7. A fully completed copy of the attached application.

**All applications must be complete and returned to the
Community Foundation of New Jersey postmarked no later than March 11, 2022.**



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SCHOLARSHIP APPLICATION FORM

The Austin O. Hooey Scholarship Fund provides one or more college scholarship awards ranging from \$5,000-\$10,000 per year for four consecutive academic years to a graduating senior(s) of Chatham High School to assist in attending a college/university the student desires to attend but the student and/or student’s family might not otherwise be able to afford. The scholarship will be awarded based on financial need, academic performance and merit. The scholarship is conditional upon the recipient institution not displacing the aid in part or in total. Additionally, the scholarship is conditional on student still having financial need after he/she is awarded financial aid from all other public and private sources.

PERSONAL INFORMATION:

Student’s Last Name		First	Middle
Parents’/Guardians’ Name		Permanent Street Address	
City/State/ZIP		Email Address	
Telephone	Date of Birth	Country of Birth	
GPA	Class Rank (# out of #)	SAT Math	SAT Verbal

FAMILY CONTRIBUTION:

Please list the total dollar amount you can expect to receive per year towards your education from your family:

\$ _____

SCHOOL INFORMATION:

Please list all the schools you have applied to or intend to apply to in the appropriate columns. A “regular school” is defined as a school that you believe you will be accepted into and that you will be able to afford without the benefit of this scholarship. A “dream school” is defined as a school that you may get accepted into but that you or your family might not otherwise be able to afford without the benefit of this scholarship. **The Hooey Scholarship may only be used to attend a “dream school.” If you are awarded the scholarship and attend an institution other than one listed below in the ‘dream school’ section, you will forfeit the scholarship.** Additionally, this scholarship is conditional on the student still having financial need after he/she is awarded financial aid from all other public and private sources. For example, a student who has been awarded a full scholarship to attend their “dream school” is not considered to have financial need for the purposes of this scholarship.



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Regular School: (Use additional sheet if necessary)

Name	Cost of Attending Per Year Before Financial Aid	Status (Applied, Accepted, Declined)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Dream School: (Use additional sheet if necessary)

Name	Cost of Attending Per Year Before Financial Aid	Status (Applied, Accepted, Declined)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

FAMILY MEMBERS:

Include all family members for whom your parents or guardians have financial responsibility. Use separate sheet if additional names need to be added.

Name	Relationship	Age	Year in School	Annual Tuition
				\$
				\$
				\$
				\$
				\$
				\$



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Expense Statement	Parents/Guardians	Student
Annual Tuition (Total from Family Member Section Above)	\$	\$
Mortgage	\$	\$
Rent	\$	
Medical Expenses (not paid by insurer)	\$	
Child Care/Day Care	\$	
Other Major Expenses (please describe)		
	\$	\$
	\$	\$
	\$	\$

SCHOLARSHIP/FINANCIAL AID INFORMATION:

List ALL scholarships, financial aid or loans that you have received or will be receiving from all sources. Include any that you have applied for and have not yet been notified about.

Name of Source	Amount Per Year	Status

RESUME:

Please attach a resume which details your activities and achievements together with the dates and scope of participation. Be sure to list any awards/honors you have received; positions of distinction held; extra-curricular activities you participate in, and your work/volunteer experience.

PERSONAL STATEMENT:

In an attached statement, please support your application and state why you believe that you should be chosen as the recipient for the Hooey Scholarship. Please provide a description of any personal or family situation or history that impacts your ability or desire to attend college. Please include your estimation of what makes each of your "dream schools" such, and how being awarded the Hooey scholarship would impact your plans for future education. This is your opportunity to make your case to the Scholarship Committee. The statement will be significant in the evaluation process.



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APPLICATION DEADLINE:

All applications must be complete and returned to the Community Foundation of New Jersey postmarked **no later than March 11, 2022**. You must request an official transcript from your school’s Guidance Department for submission. **Please no staples and do not double side pages.**

REQUIRED SIGNATURES: *I declare that I have met the eligibility requirements for the scholarship program(s) indicated on the first page of this application form. I further declare that all statements made on this application form or in conjunction with this application form are my own and are accurate and true.*

Scholarship donors very much appreciate knowing the students who directly benefit from their scholarship funds. This communication helps donors understand the positive impact of their generosity. By allowing the Community Foundation of New Jersey to release your name, contact, and academic information, you are helping us connect donors with future scholars. This simple act helps ensure that more students will continue to benefit from these generous gifts.

By submitting this application, you grant the Community Foundation of New Jersey permission to verify the information you provided and share your application with members of its Scholarship Review Committee. I further authorize the release of my name, contact, and academic information to scholarship donor(s) and others in conjunction with any Community Foundation of New Jersey scholarship(s) I may receive. I consent that this release will remain in effect until revoked by me in writing. If selected to receive an award, the recipient will be asked to submit a thank you note which we will forward to your scholarship donor/representative.

Student Signature:

Signature	Date

If student is under 18 years of age, Parent/Guardian Signature

Signature	Date