

All Dependents Living In Your Home *including yourself*

Name/Relationship to Applicant	Age	School Attending/Cost

EDUCATION

Name of School You Will Attend: _____

City _____ State _____ ZIP _____

Intended Major(s): _____

Intended Minor(s): _____

ANTICIPATED EDUCATIONAL EXPENSES

Please fill in the expenses you anticipate for the 2025-2026 academic year. This information can be found on your college/university website or through the financial aid office.

Tuition	\$
Mandatory Fees	\$
Room & Board (on campus housing only)	\$
Books	\$
Supplies	\$
Total Anticipated Educational Expenses	\$

ANTICIPATED STUDENT RESOURCES

Please list any scholarships or grants that you have been awarded or are pending for 2025-2026 and the amount of each award. Please include Pell Grants or other federal aid, state aid, work-study, scholarships from your school, and other outside scholarships or awards.

Parental Contribution to Education	Amount Per Year	\$
Student Contribution to Education	Amount Per Year	\$

Scholarships	Amount Per Year	Status (Pending or Awarded)
1)	\$	
2)	\$	
3)	\$	
4)	\$	
5)	\$	
6)	\$	
7)	\$	
Total Scholarships	\$	

Grants	Amount Per Year	Status (Pending or Awarded)
1)	\$	
2)	\$	
3)	\$	
4)	\$	
5)	\$	
6)	\$	
7)	\$	
Total Grants	\$	

Loans	Amount Per Year	Status (Pending or Awarded)
1)	\$	
2)	\$	
3)	\$	
4)	\$	
5)	\$	
6)	\$	
7)	\$	
Total Loans	\$	

FINANCIAL STATUS

Family Assets	Total balance in cash, savings & checking	\$
	Net worth (value minus debt) of investments, including real estate:	\$
	Other Sources of Income (Specify)	
	Total Assets:	\$

Family Gross Annual Income	Father:	\$
	Mother:	\$
	Student:	\$
	Total Annual Income:	\$

Number of households supported by gross income:	
Number of dependents supported by gross income:	
Number of siblings attending college next year:	

Please provide in *annual dollar amounts* estimated expenses:

Family Expenses	Costs
Mortgage or Rent (please circle one)	\$
Medical Expenses (not paid by insurer)	\$
Child Care/Day Care	\$
All Other Expenses including food, clothing, utilities, etc.	\$
Total Family Expenses	

Did you complete the Free Application for Federal Student Aid (FAFSA)? If so, what is your Student Aid Index Amount (SAI)? \$ _____

(Optional) You may use the space below to explain any compelling circumstances or factors, which you feel warrant special attention to include unusual personal, family, or financial circumstances or challenges. _____

APPLICANT RESUME

RESUME: Please provide a resume that includes the sections listed along with dates, scope of participation, and any positions of distinction held:

- Awards and Honors
- Community and Volunteer Involvement
- School & Extracurricular Activities
- Work achievements together with the dates and scope of participation.

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.

Student’s Signature: _____ Date _____

If the student is under 18 years of age:
 Parent’s/Guardian’s Signature _____ Date _____

Scholarship is contingent upon the availability of funds in any given year. *Scholarship aid from the Community Foundation of New Jersey is conditioned upon the school the student will attend agreeing that the aid should be applied to the student’s unmet need or loans first. If, after all needs have been met, scholarship monies remain, they may be used to displace school-provided aid in the following progression: work-study, then grants.*

THE EKLUND SCHOLARSHIP OF THE PRESBYTERIAN CHURCH IN MORRISTOWN
ADMINISTERED BY THE COMMUNITY FOUNDATION OF NEW JERSEY

Deadline for Submission: April 25, 2025

Checklist: In addition to this application form and your essay, you **MUST** submit the following:

- _____ A copy of your entire FAFSA Student Aid Index Report (SAI). You can print a copy by visiting the FAFSA website at fafsa.ed.gov/logging into your account.
- _____ A copy of your school acceptance and financial aid award letter. Documents must state the estimated cost per year of attending the institution and the details of the agreed-upon financial aid package offered by the institution (final).
- _____ An official high school transcript (with a raised seal) provided by your high school guidance counselor or other school official including the applicant's standardized test scores.
- _____ Recommendation letter from a church staff member, officer, or non-family member, who has observed your activities.
- _____ Recommendation from a faculty member or community service person who has observed your participation (optional).

Deadline: April 25, 2025. Only complete applications (consisting of this application form and all required supplemental materials listed above) will be considered by the selection committee.

For further information or questions, please contact Faith Krueger at fkrueger@cfnj.org or 973.267.5105.

Mail this application and all required supplemental materials to:

**Community Foundation of New Jersey
Attention: Scholarship Services
Post Office Box 338
Morristown, NJ 07963-0338**