

INDEPENDENT COLLEGE FUND OF NEW JERSEY

**APPLICATION FORM**

OFFICE USE ONLY	___ Application Form
	___ Personal Statement
	___ Transcript
	___ Reference
	___ Resume
	___ Add'l Requirement

This form is to be used for application to all ICFNJ scholarship AND student engagement programs and to receive consideration for support and/or participation in opportunities provided through the Independent College Fund of New Jersey (ICFNJ). Some opportunities have additional requirements. Please check submission requirements carefully. Incomplete applications cannot be considered. Application information and eligibility requirements may be found at [www.njcolleges.org](http://www.njcolleges.org).

To apply for an ICFNJ administered program, please confirm the following items are included in your application packet:

- |   |   |
|---|---|
| <input type="checkbox"/> your completed application form        | <input type="checkbox"/> a completed "Letter of Reference" form |
| <input type="checkbox"/> your personal statement (750 words)    | <input type="checkbox"/> a copy of your resume                  |
| <input type="checkbox"/> a copy of your transcript (unofficial) | <input type="checkbox"/> additional items as required: _____    |

You may submit your application as an email attachment or via USPS. Supporting documents which cannot be submitted via email should be mailed to the address provided. Receipt of your application will be confirmed via email.

***Completed applications must be postmarked no later than the submission deadline.  
Incomplete applications will not be reviewed.***

**SCHOLARSHIP(S) or PROGRAM**

for which I am applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL DATA** (Please print.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Student Address:

Street Address	Apt./Unit	
City	State	Zip
Phone: _____	Email: _____	
Twitter: _____	Other: _____	

Permanent Home Address:

Street Address	Apt./Unit	
City	State	Zip
Phone: _____	Email: _____	

**ACADEMIC INFORMATION**

What college/university do you attend: \_\_\_\_\_ Class of \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_

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**PERSONAL STATEMENT**

Selection to receive financial support or participate in an experiential learning opportunity is based on multiple factors. Please provide your assessment of the qualities, experiences, and interests that make you a qualified candidate for an ICFNJ administered program. Include details about your academic performance, personal skills, work/volunteer experiences and attributes that make you stand out and your future academic and/or career plans. (Please limit response to 750 words.)

Please Note: Several opportunities require additional statements related to the scholarship focus. **Check online** scholarship application requirements carefully for any updates or changes prior to finalizing your submission, [www.njcolleges.org](http://www.njcolleges.org). Incomplete applications cannot be considered.

**RELEASE AUTHORIZATION**

I certify that to my knowledge the information provided is a true, complete and accurate representation. I authorize release of any information pertinent to verifying my eligibility for selection. I further agreed to recognition and/or acknowledgement of my award or participation in ICFNJ publications through photographs, excerpts from my application and interviews.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_