



Philanthropic Fund College Scholarship - 2023

This award of \$1,000 is for one year (non-renewable) to a student who:

- will graduate from an Ocean County public high school this year.
- has been accepted to a 2 or 4-year college and is pursuing a degree in education.
- is a U.S. citizen or permanent resident.

The applicant must submit the following:

- the completed 2023 scholarship application form.
- a high school transcript, including SAT and ACT scores, GPA, and class rank.
- two letters of recommendation, at least one of which is from a teacher at the high school. Letters must include contact information. An applicant's relative may not provide a letter of recommendation.
- a brief but revealing statement as to why you are pursuing a career in education, typed, double-spaced in 14 pt. font, not to exceed 2 pages or 500 words. This statement is very important as a number of applicants are often equal academically.
- a list of extracurricular activities, athletics, community services, honors, and employment. **Please use the form provided.**

All information must be postmarked on or before April 1, 2023 to:

OCREAPF
Attn.: Edithe Fulton
537 River Terrace
Toms River, New Jersey 08755



Philanthropic Fund College Scholarship

Date _____
Name _____
Address _____
City & Zip _____
Phone () _____ Date of Birth _____
Class Rank _____ SAT Scores _____ ACT Scores _____

Father (or guardian):	Mother (or guardian):
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Occupation _____	Occupation _____
Dependent children in household (list names & ages): _____	

Colleges, Universities, applied to:	Accepted:	Will Attend _____
1 _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Address _____
2 _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone (_____) _____
3 _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Tuition \$ _____
4 _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Room & Board \$ _____

Are you related to an OCREA or NJEA Member? Yes ☐ No ☐

If yes, name & relationship _____

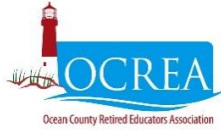
I certify that I am the person who wrote & edited this application.

Signature

Send this form with the required information postmarked on or before April 1, 2023 to:

OCREAPF Attn.: Edithe Fulton 537 River Terrace Toms River, NJ 08755

[illegible]



Scholarship Activity Sheet

Name:

Community Service

Job / Volunteer <small>Example: Volunteer</small>	Grades Involved 10, 11, 12	Name of Establishment Ocean County Library, Toms River Branch

Work Experience

Employer <small>Example: Shop Rite</small>	Grades Involved 11, 12	Job Title/Duties Cashier

I certify that the above information is true & accurate to the best of my knowledge.

<small>Signature</small>	<small>Date</small>