## SEASIDE HEIGHTS EDUCATION ASSOCIATION PHILANTHROPIC FUND, INC. 2024 - 2025

## **Scholarship Information**

NAME:

Seaside Heights Education Association Philanthropic Fund, Inc.

**ADDRESS:** 

Hugh J. Boyd, Jr. Elementary School

1200 Bay Boulevard

Seaside Heights, New Jersey 08751

PHONE:

(732) 793-8485 Ext. 113

COMMITTEE CHAIRPERSON:

**Kelsey Culley** 

SCHOLARSHIP TITLE:

Seaside Heights Education Association Philanthropic Fund

AMOUNT OF SCHOLARSHIP:

\$500.00

METHOD OF DISBURSEMENT: Upon receipt of acceptance letter from institution, copy of paid tuition bill, and copy of semester grades, check will be dispersed in the name

of recipient and parent/guardian (dual signature).

**CRITERIA:** 

1. No financial need is necessary to apply for scholarship.

2. Must be a graduate of Hugh J. Boyd, Jr. Elementary School, and a

graduating senior of current high school.

3. Must be accepted in any post-secondary institution.

PROCESS:

All applications and copies of high school transcripts should be given to

the High School Guidance Counselor and forwarded to the SHEA

Scholarship Committee for review by April 11, 2025.

## SCHOLARSHIP APPLICATION 2024-2025 SEASIDE HEIGHTS EDUCATION ASSOCIATION PHILANTHROPIC FUND, INC.

Hugh J. Boyd, Jr. Elementary School, Seaside Heights, New Jersey

## **PERSONAL INFORMATION:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_\_Sex: \_\_\_\_\_ Age: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_ High School Name and Address: Grade Point Average/Class Ranking: \_\_\_\_\_ SECONDARY INFORMATION: Name of school you plan to attend: Location: Course of Study in which you have enrolled or plan to pursue: Please include a copy of your high school transcript with this application. 1. No financial need is necessary to apply for scholarship. CRITERIA: 2. Must be a graduate of Hugh J. Boyd, Jr. Elementary School, and a graduating senior of current high school. 3. Must be accepted in any post-secondary institution. I understand that I must return any money I receive to the Seaside Heights Education Association Philanthropic Fund, Inc. if I do not attend school. Signature of Parent/Guardian/Date Signature of Student/Date