



# New Jersey World Trade Center Scholarship Fund 2015-2016 Application

October 1, 2015 (Fall and Spring Terms) ------ Application Deadline Dates ----- March 3, 2016 (Spring Term Only)

	Applicant info	illation			
1 Applicant's Name					
1. Applicant's Name FIRST		MI	LAST		
2. Current School Student ID Nui	mber	_			
3. Security Number		4. Date of Birth		(mm/dd/yy)	
5. Permanent AddressNUMB	ER, STREET, AND APARTMENT #	CITY		 STATE	ZIP CODE
<b>6.</b> Telephone Number					
7. E-mail Address:					
8. College Name:	City			- <u>-</u> St	ate
9. Date of Initial Enrollment:	(mm/yy) <b>10.</b> Previous Coll	ege Degree 🛛	None □ A	ssociate	□ Bachelo
	Completion:		None II /	Jociate	D Bachelo
<ul><li>12. Applicant's Year in College (Full-time attendance required)</li><li>13. Please give name of high</li></ul>	☐ 1st Year ☐ 2 <sup>nd</sup> Year (Freshman) (Sophomore	□ 3 <sup>rd</sup> Year e) (Junior)	☐ 4th Year (Senior)		ear roved ir Programs)
school and date of graduation	NAME OF HIGH SCHOOL	ADDRESS			
	CITY	STAT	E ZIP CC	DE	MM/YY
<b>14.</b> Have you applied to the Fam	ilies of Freedom Scholarship Program	n/Scholarship Ame	rica/CSFA?	Yes	No
	Deceased Family Mem				
	ed in the terrorist attacks against the attacks, or has died as a result of illne a direct result of the attacks.		-		
LAST	FIRST	<b>16</b>	<b>5.</b> Date of Birth _		(mm/dd/yy)
<b>17.</b> City/State of Residence at Tin * Additional information will be required	me of Death				
	Certification and				
I authorize the Higher Education	Student Assistance Authority to obta	ain verification as t	o my eligibility s	tatus. Stude	ent Applicant'
Signature		Date			
	ng Terms) Application Dea plication to: NJHESAA PO Box 540 Tre				

#### **General Information**

The New Jersey World Trade Center Scholarship was established by the Legislature to aid the dependent children of New Jersey residents who were killed in the terrorist attacks against the United States on September 11, 2001, or who died as a result of injuries received in the attacks, or died as a result of illness caused by exposure to the attack sites\*, or who are missing and officially presumed dead as a direct result of the attacks. Those incurring the full-time cost of attendance at an eligible institution, having lost the financial resources of a parent or spouse, are deemed to have financial need. The WTC Board sets the amount of the scholarship each July for the next academic year. The scholarship amount cannot exceed the actual tuition, fees, room and board charged. Scholarship amounts may change as a result of changes in program funding and student's other available financial assistance. Scholarships can be applied for both in-state and out-of-state institutions.

\* Additional information will be required. Contact HESAA at the number below for assistance.

## Instructions

Items 1-7: Provide all information as requested for the applicant.

Item 8: Enter the name, city and state of the degree-granting institution you will be attending during the 2015-2016

academic year.

Item 9: Enter the month and year of initial enrollment for the 2015-2016 academic year. The period of eligibility for

initial receipt of a scholarship for a dependent child is limited to within 8 years of high school graduation and for

a surviving spouse within 8 years of the date of death

Item 10: Students already possessing a Baccalaureate degree are not eligible

Item 11: Enter the month and year you anticipate completing this degree program.

Items 12-14: Enter applicant's year in college, high school information, and previous scholarships.

Items 15-17: Provide the information requested about the deceased.

Enrollment Certification - Once enrollment verification is confirmed, payment will be issued directly to the school. This may take 2-3 weeks.

## **Privacy Opt-Out**

It is helpful to us, in order to maximize your potential benefits, to be able to share information with other scholarship programs. If you prefer that we not disclose nonpublic personal information about you to scholarship-related organizations (other than disclosures permitted or required by law), you may direct us not to make those disclosures by checking the box below and returning this completed form to: WTC Scholarship Fund, P.O. Box 540, Trenton, NJ, 08625-0540.

□ Do not disclose nonpublic personal information about me to scholarship-related organizations except where permitted or required by law.

### Be Sure to Sign and Date the Completed Application and Mail to:

NJHESAA PO Box 540 Trenton, New Jersey 08625-0540 ATTN: WTC

or email to scholarsapp@hesaa.org

Revised 3/5/15