

O.J. ANDERSON'S SCHOLARSHIP APPLICATION

Questions?:
Email: Ojscholarshipapplication@gmail.com

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Father's Name				Mother's Name				Legal Guardian		
Address										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to study in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION										
Middle School					Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Telephone					
High School					Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Telephone					
Grade Point Average					TRANSCRIPT REQUIRED					
REFERENCES										
<i>Please list three personal or professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

Please include a letter of recommendation from each reference stating their name/address/contact info/type and duration of relationship along with the statement as to why he/she feels you are a good candidate for the O.J. Anderson Scholarship. The letter should be in a separate sealed envelope (to be included with this application package) and addressed to: O.J. Anderson Scholarship Committee/Ms. Wisse, 66 Donato Drive, Little Falls, NJ 07424

CURRENT AND PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Days / Hours worked		
Responsibilities			
		Please put an "X" here if unemployed:	
May we contact your supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

LEADERSHIP/COMMUNITY SERVICE	
Organization	From To
Role/Responsibilities	
Additional comments	

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EXTRACURRICULAR ACTIVITIES		
Type	From	To
Reason for choosing this activity		
Additional comments		

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Additional comments		

<p>ESSAY QUESTION:</p> <p>If you have the power to ban gun ownership, would you? What are the Pros and Cons.</p> <p><i>**PLEASE ANSWER THE QUESTION IN 500 WORDS OR LESS, TYPED, AND ON A SEPARATE SHEET OF PAPER.</i></p> <p>This application form, letters of recommendation, school transcript and essay (in one large envelope) should be mailed to: O.J. Anderson Scholarship Committee, attn.: Ms. Wisse, 66 Donato Drive, Little Falls, NJ 07424</p> <p>And must be received by: May 31, 2019</p>

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to a scholarship, I understand that false or misleading information in my application or interview may result in revocation of the awarded funds.</p>	
Signature	Date