

ATLANTIC CITY EDUCATION FOUNDATION
Post Office Box 7206
Atlantic City, New Jersey 08404

SCHOLARSHIP APPLICATION

MISSION STATEMENT

The Atlantic City Education Foundation is an independent, non-profit, community-based organization formed to improve the quality of education in, and increase support for, the Atlantic City Public School System.

ELIGIBILITY REQUIREMENTS

In order to be considered for a scholarship sponsored by the ACEF, the applicant must submit a completed Personal Information sheet and must meet the following criteria:

1. Be an Atlantic City High School senior who has a Grade Point Average of at least 2.5. A copy of your current transcript must be submitted with the application packet.
2. Provide a list of colleges or universities to which you have applied or have been accepted. (2-year colleges and professional training schools are acceptable.)
3. Provide information on participation in extra-curricular activities, volunteer work, and/or other community service. List the club, team, organization, or institution, and explain your role or responsibility. List the advisor or supervisor and a telephone number or other contact information.
4. Submit two (2) letters of recommendation from school administrators, teachers, guidance counselors, or supervisors. These letters must be submitted with the application package.
5. Submit a 3-part essay that discusses your plans and goals for the

future. Each part should not exceed 100 words. The essay MUST be typewritten.

- Part 1 - State your educational and career goals.
- Part 2 - List and describe your 3 personal strengths or attributes. Discuss how they will provide an advantage as you continue your education and, eventually, as you enter your chosen career.
- Part 3 - After completing your education, what plan do you have to contribute to, or impact, your community?

The complete application package must be **postmarked** by the last day of February of each year.

Mail to:

Atlantic City Education Foundation
Post Office Box 7206
Atlantic City, New Jersey 08404

All information in your application package will be considered confidential and will only be available to the members of the ACEF Scholarship Committee. If you have any questions, please contact Mrs. Anne Rosenberg (345-4712) or Mrs. Jennifer D. Couthen (345-4843).

PLEASE NOTE: Incomplete applications or those received after the deadline will not be considered!

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PERSONAL INFORMATION

Applicant's Name _____

Date of Birth _____

Parent(s) or Guardian(s) _____
(Show names)

Residence Address _____

Telephone _____

E-mail Address _____

ACHS Guidance Counselor _____

Current G.P.A. _____

Class Standing _____ of _____ (if known)

By giving my signature below, I state that all of the information in this application package is true, to the best of my knowledge.

Signature of Applicant

Date

Completed application package must be postmarked on or before the last day of February of each year.