## NEW JERSEY WIRELESS ASSOCIATION

## **PERSONAL INFORMATION**

Nam	e of Applicant				
	or P.O. Box		Name and Middle Initial)		
	State / Zip				
	f Birth				
Teleph	one		ress		
	Name of Head of Household				
	JCATIONAL ORMATION		Relationship to NJ Wireless or SEEDS		
Scho	ool Name where you will be atten	iding	(Name of College, University, or Trad	le School) If you are an incoming	
Studer	nt ID #	FR - Soph - JR - S		Freshman and your school	
Major			d	you must provide them:	
				8 M/riting	
	Ainor Credits enrolled 2024/5 Certification Credits required to complete program				
		Expected Graduation Date			
List all	Scholarships, work study grants, student loans		ncial aid you	2024 FAFSA EFC SCORE	
have or will receive for the 2024-2025 school year a					
Sourc	e of Funding	Effective Date	GPA or other requirement?	Amount	
DE					
KEI					
Refer	e provide a reference from a person who ences should come from teachers, guida SONAL REFERENCES FROM FRIE	nce counselors, principa	Ils, deans and other school administrate		
	I hereby confirm that all information is true and accurate, to the best of my knowledge.				
	Signature		Date		



Provide a brief narrative of why you are deserving of this scholarship. Be sure to include academic success, special interests, extracurricular activities, volunteer work, and anything else you believe the Selection Committee should consider.