

## **PERSONAL INFORMATION**

Name of Applicar	nt						
Street or P.O. Box			(Last Name, First Name and Middle Initial)				
- City / Ct-t- / 7i-							
· —							
			ocial Security #: XXX-XX-				
relephone		E-mail Address					
			Name of Head of Household				
		Employer					
EDUCATION A INFORMATIO		Relationship to NJ Wireless or SEEDS					
School Name wh	ere you will be attend	ing	(Name of College, University, or Tra	de School) If you are an incoming			
Student ID #	D# FR - Soph - JR - SR - Other in Fall 2025		Freshman and your school				
Major		Total credits earned					
Minor		Credits enrolled 20	& Writing				
Certification		Credits required to	SAT - Math				
Other		Expected Graduation	on Date	ACT Score			
Degrees currently held							
Student Aide Representa	ative Name						
Telephone:		E-mail Address:					
FINANCIAL A	\ID						
	k study grants, student loans a for the 2025-2026 school year a	•	ocial aid	2025 FAFSA EFC SCORE			
Source of Funding		Effective Date	GPA or other requirement?	Amount			
REFERENCE	LETTER						
References should co	me from teachers, guidanc	ce counselors, principa	ge of your functioning as a student on a ls, deans and other school administrat S WILL NOT BE ACCEPTED.	•			
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.

I certify that I did not en	nploy the use of artificia	al intelligence in the	e preparation of this	narrative:
Signature				
Date				