



## PARTICIPATION INTENT FORM

I understand I **MUST RETURN THIS FORM BY March 14, 2025**, if I plan to submit an ACCNJ Scholarship Foundation application for 2025.

I understand that my completed application and all supporting forms are due **by April 11, 2025**.

Name of Applicant: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Name of Parent, Grandparent or Legal Guardian:

\_\_\_\_\_

Name of ACCNJ Member Company by whom parent, grandparent or legal guardian is employed:

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return this form by **March 14, 2025**, via email to [sgatling-davila@accnj.org](mailto:sgatling-davila@accnj.org).

**For ACCNJ Use Only**

Applicant Number \_\_\_\_\_

Verified by ACCNJ Staff \_\_\_\_\_

Date Received \_\_\_\_\_



## ACCNJ Foundation Scholarships

### **Check-off Form (for applicant's use)**

Applicant Name: \_\_\_\_\_

Forms and items to be returned to ACCNJ:

- Participation Intent Form (**due March 14, 2025**)
- Applicant Information
- Employee Information and Verification Form
- Official** High School Transcript
- High School SAT or ACT scores (can be downloaded from CollegeBoard)
- Two letters of reference (one reference must be from a faculty member of your current school on official letterhead or via school email)
- List of Activities/Community Service/Employment (separate Word or PDF document, by High School academic year)
- In an original **essay** of 500 words or less:*  
(Choose one of the prompts below)

❖ *Give us 3 words to describe your role model. Why did you select these words and how has this person impacted your life?*

**OR**

❖ *What does the construction industry mean to you?*

Completed application packets must be RECEIVED at the ACCNJ office by April 11, 2025.

EMAIL (preferred method): [sgatling-davila@accnj.org](mailto:sgatling-davila@accnj.org) (Shamara Gatling-Davila)

MAIL: ACCNJ, Raritan Center Plaza II, 91 Fieldcrest Avenue, Suite A19, Edison, NJ 08837



# ACCNJ Scholarship Foundation

## Applicant Information

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Applicant Birthdate \_\_\_\_\_

High School Name \_\_\_\_\_

High School Address (City, State) \_\_\_\_\_

Overall GPA \_\_\_\_\_ SAT Scores (if applicable): \_\_\_\_\_

Math

Reading

Writing/Lang.

ACT Scores (if applicable): \_\_\_\_\_ Composite Score \_\_\_\_\_

English

Math

Reading

Science

List top preferred colleges to which you applied: \_\_\_\_\_ Accepted (Yes, No or TBD)

(1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

(3) \_\_\_\_\_

\_\_\_\_\_

Indicate college you plan to attend in September 2025 or Undecided \_\_\_\_\_

Intended Major \_\_\_\_\_

**Please list all school activities, sports, and community service projects in a separate Word or PDF document, by High School academic year.**

Essay for the ACCNJ Foundation Scholarships: **(Choose one of the following prompts)** - *In an original essay of 500 words or less: **Give us 3 words to describe your role model. Why did you select these words and how has this person impacted your life?** OR **What does the construction industry mean to you?***

Applicant's Signature \_\_\_\_\_

I hereby certify by signing that the above information is true to the best of my knowledge. I understand failure to provide accurate information or to abide by the terms of the scholarship may result in forfeiture of any award.



## ACCNJ Scholarship Foundation

### EMPLOYEE INFORMATION AND VERIFICATION FORM

#### EMPLOYEE INFORMATION

Applicant Name (Student): \_\_\_\_\_

Employee Name: \_\_\_\_\_  
(Parent, Grandparent or Guardian who is employed by an ACCNJ member company)

Employed by: \_\_\_\_\_  
(ACCNJ member company name)

Employee Email: \_\_\_\_\_

Employee's Title or Position: \_\_\_\_\_

Employee's Relationship to Applicant: \_\_\_\_\_

#### EMPLOYER VERIFICATION

I verify that the above-named employee has worked a minimum of 1,000 hours for our company between February 1, 2024 and February 1, 2025.

VERIFIED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMPANY REPRESENTATIVE SIGNATURE: \_\_\_\_\_

Completed application packets must be received by the ACCNJ office by **April 11, 2025**.

EMAIL EMPLOYEE VERIFICATION FORM TO: [sgatling-davila@accnj.org](mailto:sgatling-davila@accnj.org)