



## PARTICIPATION INTENT FORM

I understand I **MUST RETURN THIS FORM BY April 3, 2023**, if I plan to submit an ACCNJ Scholarship Foundation application for 2023.

I understand that my completed application and all supporting forms are due **by April 24, 2023**.

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:

\_\_\_\_\_

Please complete and return this form by April 3, 2023, via email to [lbrannigan@accnj.org](mailto:lbrannigan@accnj.org).

**For ACCNJ Use Only**

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

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

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



# ACCNJ Foundation Scholarships

## Check-off Form

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

Enclosed, you will find the following completed items:

- Participation Intent Form (**due April 3, 2023**)
- 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 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)
- Essay (*a brief essay about yourself, including any relevant circumstances in your life of which you believe the review committee should be aware*).

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

Applicant's Name: \_\_\_\_\_

*Please Print*

Completed application packets must be RECEIVED at ACCNJ office by April 24, 2023.

EMAIL (preferred): [lbrannigan@accnj.org](mailto:lbrannigan@accnj.org)

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





## 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: \_\_\_\_\_

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

#### EMPLOYER VERIFICATION

I verify that the above-named employee has worked a minimum of 1,000 hours for our company between March 1, 2022 and March 1, 2023.

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

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

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

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

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

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

Completed application packets must be received by the ACCNJ office **by April 24, 2023.**

EMAIL EMPLOYEE VERIFICATION FORM TO: [lbrannigan@accnj.org](mailto:lbrannigan@accnj.org)