

# 2016 Benjamin Venezia Memorial Scholarship Application



**Internal Use**

Application ID: \_\_\_\_\_

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF HIGH SCHOOL PRESENTLY ENROLLED \_\_\_\_\_

ADDRESS OF HIGH SCHOOL \_\_\_\_\_  
\_\_\_\_\_

Please list three teachers who presently know your work and who are willing to be references:

NAME 1. \_\_\_\_\_

NAME 2. \_\_\_\_\_

NAME 3. \_\_\_\_\_

▶ Please have each reference submit a letter of recommendation and attach with your completed application.

What do you intend to major in or study in college? \_\_\_\_\_

Name of college or university for which you have applied \_\_\_\_\_

Please explain if you are not planning to attend college or continue your education.  
\_\_\_\_\_  
\_\_\_\_\_

***As a scholarship recipient, I hereby agree to be photographed and featured on Benjamin's Hope 4 the Future's website & other social media sites. (Please and date sign below)***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## APPLICATION REQUIREMENTS

**Please submit the following along with completed application. Your application will be considered incomplete if any of the application requirements are missing.**

1. An official transcript of your high school grades.
2. An essay describing your community service involvement and its significance to your life.
3. Three teacher letters of recommendation attached to this completed application

**DEADLINE: all materials must be postmarked by April 29, 2016**

- Only the first 75 applications will be reviewed.
- Applicant must be a New Jersey resident.

**Maximum award amount is One Thousand Dollars.**

**Please mail to: Benjamin's Hope for the Future - P.O. Box 25, Wood-Ridge, NJ 07075**

**Incomplete applications will not be considered. Please ensure sure all application requirements are met.**