

**THE 200 CLUB
OF
SUSSEX COUNTY**

Scholarship Application

THE 200 CLUB OF SUSSEX COUNTY
Scholarship Committee
c/o LADDEY, CLARK & RYAN, LLP, 60 Blue Heron Road, Ste. 300, Sparta, NJ 07871-2600
Phone Number (973) 729-1880 • Fax Number (973) 729-1224
EMail: tryan@lclaw.com

HISTORY

The 200 Club of Sussex County is a non-profit organization that provides financial assistance to the dependents of members of law enforcement officers, firefighters, members of emergency medical first aid squads and members of emergency management, working (whether on a volunteer or paid basis) in Sussex County, New Jersey and New Jersey State Police, residing or working in Sussex County ("Public Safety Persons"). The Club also provides financial assistance to those Public Safety Persons pursuing college degrees. The Club's mission is to support our Public Safety Persons and their families.

The scholarship program was established to aid Public Safety Persons and their dependents in their desire to attend college, vocational school or to acquire other post-high school education. Scholarships are awarded at the sole discretion of the Board of Trustees.

SCHOLARSHIP AWARDS

Scholarships are awarded annually and depend upon the financial resources and budgetary constraints of the Club. In late spring (April-May) of each school year, the Club will be awarding scholarships for the next applicable school year, of which a portion will be awarded through the Sussex County Community College Foundation. Applicants will be judged on the basis of academic achievement, financial need, SAT or ACT scores, class standing and citizenship. The Scholarship Committee of the Board of Trustees will coordinate the processing of all applications for review and selection. The Board of Trustees will ultimately approve the scholarship awards. Announcement of the awards will be made at the discretion of the Board of Trustees. Payments will be made directly to the institution. Scholarships are renewable each year upon re-application, proof of academic eligibility and approval of the Scholarship Committee. The Board of Trustees reserves the right to discontinue the scholarship program at any time.

The Scholarship Committee will review applications and award scholarships impartially. APPLICATIONS FOR EACH SCHOOL YEAR MUST BE RECEIVED BY THE FIRST MONDAY IN APRIL TO BE CONSIDERED. Announcement of the awards are made thereafter.

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Student Scholarship Application

PERSONAL DATA

(PLEASE PRINT)

Name _____

(Last) (First) (Middle Initial)

Home Address _____

(Number & Street) (City or Town) (State) (Zip Code)

Present Phone _____ Alternate Phone _____

Cell Phone _____

Email Address _____

Social Security No _____

High School _____

Date of Graduation _____

Other High Schools Attended _____

College _____

College Address _____

Anticipated Date of Graduation _____

Other Colleges Attended _____

Mother's Occupation _____

Mother's Address _____

Mother's Phone _____ Cell Phone _____

Mother's Email _____

Father's Occupation _____

Father's Address _____

Father's Phone _____ Cell Phone _____

Father's Email _____

APPLICATIONS THAT ARE INCOMPLETE AND/OR LACK REQUESTED INFORMATION WILL
DISQUALIFY THE STUDENT FROM CONSIDERATION.

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Please list the extra curricula and community activities in the order of their importance to you. Include the activity, dates of participation, hours per week and the position you held:

Please list your work experience by giving the job, employer, dates and hours per week on the job. Also include any work you plan for next summer:

Provide us with a personal statement through which you discuss why you are pursuing further education; what your future plans are; and what type of course work you are interested in pursuing. (Use additional sheet, if necessary)

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Have you or your parents applied for other scholarships or financial aid? ☐Yes ☐No
Please indicate if you have received scholarships or financial aid. If yes, describe

Father's Annual Income _____
Mother's Annual Income _____
Family Net Worth (assets minus liabilities) _____
Number of siblings at home under the age of 18 years _____
Number of siblings who will be attending post-secondary education full time next year _____

We certify that all information submitted on this form is true and correct to the best of our knowledge and belief.

Signature of Applicant _____ Date _____

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

This application should be fully completed and returned. The school transcript and school's recommendation should be mailed separately to:

The 200 Club of Sussex County
c/o Laddey, Clark & Ryan, LLP
60 Blue Heron Road, Suite 300
Sparta, NJ 07871
Attn: Thomas N. Ryan, Chairman of Scholarship Committee

FAILURE TO FULFILL ALL THE REQUIREMENTS REQUESTED HEREIN WILL NULLIFY YOUR APPLICATION. INFORMATION RECEIVED BY THIS COMMITTEE SHALL REMAIN CONFIDENTAL.

APPLICATIONS MUST BE RECEIVED BY THE 200 CLUB OF SUSSEX COUNTY SCHOLARSHIP COMMITTEE NO LATER THAN THE FIRST MONDAY IN APRIL. NO APPLICATION WILL BE CONSIDERED AFTER THIS DATE EACH YEAR..

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