

Scholarship Application Form for 2014-2015

(Last)	(First)	(Middle initial)
(Street)	(0	City, State, Zip)
5:		
(Street)	(0	City, State, Zip)
	Phone:	
	(Street) s:	(Street) (0 s:((Street) (0

GRADUATE DEGREE in Library and Information Science

Are you currently attending library school?

□ Yes	🗆 No
If yes , please specify:	Have you been accepted into a program? If yes , please specify institution:
(Institution) (Credits completed)	□ On campus □ Online
□ On campus □ Online	☐ Full time ☐ Part time
□ Full time □ Part time	Anticipated year of graduation
Anticipated year of graduation	Degree Objective: Master's Doctorate
Degree Objective: Master's Doctorate	
	If not yet accepted, where have you applied?
	1
	2

EDUCATIONAL BACKGROUND (list ALL undergraduate and graduate institutions attended, with most recent first)

College or Institution	Year(s)	Degree	Major	GPA
1.				
2.				
3.				
4.				

DIVERSITY

NJLA offers a Diversity Scholarship. If you believe you would be eligible for this scholarship, please indicate your basis of eligibility.

African American	Asian/Pacific Islander
Latina/Latino/Hispanic	Native American/Native Alaskan

Another category not listed (describe)



INCOME TAX DATA (2012 tax year)			
Adjusted Gross Income from 2012 tax return	\$		
Total federal income tax paid	\$		
State or local income tax paid (total all jurisdictions)	\$		
5	arried, filing intly	Married, filing separately	Head of household
DEPENDENTS			
Do you claim dependents on your tax return? If yes, please specify:	☐ Yes	🗆 No	
Live at Age Home (Y/N) School Name	Public or Private?	Anticipated Tuition Costs	Financial Aid/ Scholarships/Loans
1			
2.			
3.			
4.			
5.			
6 More than 6, please list on reverse.			<u> </u>

ASSETS

Estimated Current Amount or Value	Amount Owed
\$	
\$	\$
\$	\$
\$	\$
\$	\$

CURRENT EMPLOYMENT DETAIL

Applicant:

Employer	Job Title	Date Employed	Current Salary	Full Time or Part Time?
Spouse or Domestic P	artner (please write l	N/A if not applicab	le)	
Employer	Job Title	Date Employed	Current Salary	Full Time or Part Time?



Will	spouse or	domestic partner	be a student	during the 201	14-2015 academic year?
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			Institution	Financial Aid Expected
□ Yes	Graduate	Undergraduate		Grants: <u>\$</u>
				Loans: <u>\$</u>
🗆 No				

STUDENT AND SPOUSE/DOMESTIC PARTNER'S ANTICIPATED INCOME AND BENEFITS -

2014-2015 (Please write N/A if not applicable)

	Summer 2014	Academic Year 2014-2015
Applicant's anticipated taxable income (not including financial aid)	\$	\$
Spouse/domestic partner's anticipated taxable income (not including financial aid)	\$	\$
Applicant's Social Security educational benefits (if applicable)	\$	\$
Applicant's veteran's educational benefits	\$	\$

OTHER FINANCIAL RESOURCES – 2014-2015

Scholarships, Grants, Fellowships	Applied	Awarded
_ 1.		
2.		
3.		
Financial assistance from family and others	\$	

INDEBTEDNESS

_	Total Owed as of December 2013	Amount to Be Paid in Academic Year 2014-2015
Applicant's student loans	\$	\$
Spouse/domestic partner's student loans	\$	\$
Other debt (credit card, home equity line of credit, personal loans)	\$	\$
MONTHLY HOUSING EXPENSES		

Rent or mortgage payment (monthly)	\$
Real estate taxes	\$
Homeowner's or renter's insurance, annually	\$
Other	\$



TRAVEL EXPENSES (please write N/A if not applicable)

Automobile make, model, and year	
Monthly auto payment (including insurance)	\$
Amount owed on automobile	\$
Anticipated 2014-2015 monthly mass-transit costs	\$

Use this box to explain any other financial consideration that you would like the committee to use in evaluating your need:

PREVIOUS NJLA SCHOLARSHIP RECIPIENT?

Did you previously receive a New Jersey Library Association scholarship? (Note: Previous applicants or award recipients are eligible to reapply.)

□ Yes □ No

OPPORTUNITY TO SERVE

Scholarship recipients are given an opportunity to be of service to NJLA. Would you be interested in this?

🛛 Yes	🗆 No
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STATEMENT: All the information on this application is true and complete to the best of my (our) knowledge. If requested by an authorized official, I (we) agree to provide the Scholarship Committee documentation regarding the information I (we) have provided on this form and acknowledge such proof may include a copy of relevant federal, state, and local tax returns. We acknowledge that failure to present such documentation, when asked, will result in disgualification of my application and no aid will be granted.

Applicant's Signature

Date

Date

Spouse's or Domestic Partner's Signature

I AGREE TO BE AVAILABLE FOR AN INTERVIEW on Friday, April 25, 2014, at Rutgers University in New Brunswick, NJ.

(Signature)