



Fall 2019

Dear Students, Parents and Guardians,

Thank you for your interest in the Student/Partner Alliance (S/PA) scholarship program. Our scholarship is intended for motivated students who have already been accepted at the school of their choice, and need financial assistance toward the tuition in order to attend.

A unique aspect of our program is that in addition to the financial support, S/PA also provides “mentoring” or coaching (sort of like a big brother or big sister) to the students in our program. Our mentors are concerned adults who are interested in helping a motivated student graduate from high school so that he or she can continue to college and then get a good job.

We expect commitment and dedication from our Mentors and Partners. We also expect a commitment and effort from you and your child. We expect:

- A minimum 2.5 grade point average
- No more than 3 unexcused absences or 3 unexcused late arrivals
- Participation in all SP/A sponsored events
- Access to report cards from school

Enclosed is an application packet, which is to be completed and returned to us by **February 15, 2020** for scholarship assistance beginning Fall 2020. Find out more about our program at: [www.studentpartneralliance.org](http://www.studentpartneralliance.org).

After reviewing each application, we will interview those students who have the greatest financial need and have demonstrated dedication to their studies. You will be notified of your status with a letter from us during the month of May.

We sincerely try to help as many students as possible and hope that we will have the opportunity to help your child reach his or her academic goals with the aid of financial and mentoring assistance.

Kind Regards,

A handwritten signature in cursive script that reads "Margaret C. Momber".

Margaret Momber  
Executive Director  
[mmomber@studentpartneralliance.org](mailto:mmomber@studentpartneralliance.org)

Student/Partner Alliance  
561 Springfield Ave.  
Summit, NJ 07901



561 Springfield Ave  
Summit, NJ 07901  
908-522-0405  
www.studentpartneralliance.org

## **SCHOLARSHIP APPLICATION PACKET**

This application has three parts, A, B, & C. All parts are to be completed by the appropriate persons and returned to the above address by February 15, 2020.

### **PLEASE COMPLETE APPLICATION USING BLACK INK**

#### **REMEMBER TO INCLUDE:**

1. The student's most recent report card
2. Proof of Income (highlighted in part C)
3. Small (passport size) photo of Applicant
4. Two self-addressed letter size envelopes
5. S/PA Acknowledgement and Release Form
6. S/PA Publicity Consent Form

#### **DO NOT include any of the following:**

1. Copy of Social Security Cards, Health Insurance Cards, or Utility Bills.
2. Do not send payment. We do not charge for application submission.

Before mailing, please be sure all required information is enclosed. This application consists of eight (8) pages. If any information is missing application will not be considered. All application received after the deadline of February 15<sup>th</sup> **will not be considered**. If your address, telephone, or email changes at any time from date of submission of this application, you must inform us so that we can reach you. Failure to do so could jeopardize your chances for receiving the scholarship.

### **FAXED APPLICATIONS WILL NOT BE ACCEPTED**



ATTACH STUDENT  
PHOTO HERE

561 Springfield Ave  
Summit, NJ 07901  
908-522-0405  
www.studentpartneralliance.org

### STUDENT APPLICATION: Part A. for Fall 2020

1. Student's Name: \_\_\_\_\_ Student's sex: M \_\_\_\_\_ F \_\_\_\_\_
2. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
3. What grade will you enter in September, 2020? \_\_\_\_\_ Grade you are in now? \_\_\_\_\_
4. Student's mailing address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_  
Zip code \_\_\_\_\_
5. Name on Mailbox \_\_\_\_\_
6. Home Telephone Number (\_\_\_\_) \_\_\_\_\_ (if you do not have a phone, please write the number and name of someone who can easily contact you.)
7. Mother Cell number: \_\_\_\_\_ E mail: \_\_\_\_\_
8. Father Cell number: \_\_\_\_\_ E mail: \_\_\_\_\_
9. Guardian Cell number: \_\_\_\_\_ Email: \_\_\_\_\_
10. Student Cell number: \_\_\_\_\_ E mail: \_\_\_\_\_
11. Mother's name: \_\_\_\_\_
12. Father's name: \_\_\_\_\_
13. Guardian's name: \_\_\_\_\_
13. a. Name of school you are currently attending \_\_\_\_\_
- b. Name of S/PA affiliated school you are requesting a Scholarship for:

**PLEASE CHOOSE ONLY ONE**

- |  |   |
|--|---|
| <input type="checkbox"/> Benedictine Academy           | <input type="checkbox"/> Immaculate Conception H.S. |
| <input type="checkbox"/> Cristo Rey Newark High School | <input type="checkbox"/> St. Benedict's Prep        |
| <input type="checkbox"/> Hudson Catholic Regional.     | <input type="checkbox"/> St. Vincent's Academy      |



**Part B. To be completed by the Student**– All questions in this section must be answered for the application to be complete and considered.

1. Tell us about your family. Who lives in your house with you? What activities do you do as a family?

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2. Do you have a sister or brother in the Student Partner Alliance program? \_\_\_\_\_

3. What do you like to do when you are not in school? \_\_\_\_\_

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4. What are you most proud of? What has been your greatest accomplishment to date? \_\_\_\_\_

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5.. Why do you want to be a part of Student/Partner Alliance? \_\_\_\_\_

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PART C: FINANCIAL INFORMATION**  
**THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN.**

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Is student living with: Mother ( ) Father ( ) Step-Parent ( ) Guardian ( )

Parents: Married ( ) Divorced ( ) Separated ( ) Single ( )

Deceased: Mother ( ) Father ( ) Guardian ( )

FATHER, STEP-FATHER, (or Guardian)

MOTHER, STEP-MOTHER, (or Guardian)

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Yearly Salary: \_\_\_\_\_

Yearly Salary: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Employers Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of Dependent Children: in College \_\_\_\_\_ in Elementary School \_\_\_\_\_ in High School \_\_\_\_\_

Welfare: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount received monthly: \_\_\_\_\_

Alimony or Child Support: Yes ( ) No ( )

Amount received monthly: \_\_\_\_\_

Food Stamps Received Yes ( ) No ( )

Amount received monthly: \_\_\_\_\_



List all children in household and any payments you make for their schooling	Age	Grade in school At present time	Annual Tuition Amount	Amount you pay monthly towards that tuition

How much Federal Income Tax did you pay last year? \_\_\_\_\_

Do you own your home? Yes \_\_\_ No \_\_\_ Monthly Mortgage Paid \$ \_\_\_\_\_

What is your rent each month? \_\_\_\_\_

If you are receiving Disability, what is the amount received bi-weekly? \$ \_\_\_\_\_

If you are receiving Social Security, what is the amount received each month?

For you \$ \_\_\_\_\_ your husband \$ \_\_\_\_\_ children \$ \_\_\_\_\_

If you have separated or divorced, how much child support or alimony do you receive from your spouse?

\_\_\_\_\_

Have you remarried? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you any other source of income? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

If yes, then from whom? \_\_\_\_\_

Have you applied for Financial Aid from school? Yes \_\_\_\_\_ No \_\_\_\_\_



**APPENDIX: Proof of Income**

Parent or Guardian must include proof of income in the following forms:

1. W2 Form (2019) for all working family members
2. 2 most recent pay stubs for **all** working family members
3. Latest Tax Return (2018 or 2019)

If you will **NOT** be filing a tax return please provide:

A copy of Medicaid I.D. card, A current Food Stamp Voucher, or Social Security

**I declare that the information provided in this Financial Aid Request is true, correct, and complete to the best of my knowledge.**

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

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

**BEFORE MAILING, PLEASE BE SURE ALL REQUIRED INFORMATION IS SUBMITTED. IF ANY INFORMATION IS MISSING, APPLICATION WILL NOT BE CONSIDERED.**

**Please note:**

**If you have not filed your taxes for 2019 when you complete and return this form, please submit your 2018 return and mail us your 2019 return as soon as it is completed. We cannot consider your application without a recent tax return.**

**Thank You!**



**RECOMMENDATION FORM TO BE FILLED OUT BY A TEACHER OR GUIDANCE COUNSELOR AND RETURNED DIRECTLY TO US**

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

Applicant's current school \_\_\_\_\_ Grade \_\_\_\_\_

**Please list school applicant is applying to:** \_\_\_\_\_

The following must be completed by a **Teacher or Guidance Counselor**.  
(Please submit this form directly to the Student/Partner Alliance at the address above.)

1. Name of recommender: \_\_\_\_\_
2. Affiliation: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Your relation to applicant: \_\_\_\_\_
5. How long have you known the applicant? \_\_\_\_\_
6. Please describe the student's academic performance in relation to that of other students in his/her current school.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Briefly explain the applicant's strengths and weaknesses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Please submit this form directly to the Student/ Partner Alliance at:  
561 Springfield Ave. Summit, NJ 07901.**





**STUDENT/PARTNER ALLIANCE  
PUBLICITY CONSENT FORM**

Please read the following carefully and sign where necessary.

I, \_\_\_\_\_ hereby give Student/Partner Alliance permission to use my child's name and/or photo, grade level and school in any publications, videos, information or promotional materials relating to Student/Partner Alliance, including by way of example and not limitation its newsletter, website, partner communications, fundraising materials, social media postings or other media.

Your consent, as indicated on this form, will stay in effect until you inform us in writing that you would like to change it.

Student's first and last name (please print): \_\_\_\_\_

Grade: \_\_\_\_\_

Student's school- school applied to: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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



## STUDENT/PARTNER ALLIANCE ACKNOWLEDGEMENT AND RELEASE

The undersigned student and his or her parent or guardian, by applying for and accepting tuition assistance from the Student/Partner Alliance (S/PA), acknowledges and agrees as follows:

- The tuition assistance provided to us is the result of a needs-based determination by S/PA made in its sole discretion relying on the information we provided to S/PA about our financial condition and the financial resources available to us, and any data provided by PSAS (Private School Aid Service). Such information as we provided it to S/PA and any addition information we provide will be true and accurate.
- S/PA may obtain any and all academic information about students, including but not limited to: progress reports and report cards and information in the National Student Clearinghouse.
- S/PA may obtain additional information about us and our financial condition and resources at any time to update its records and to evaluate our continued eligibility for tuition assistance, including information and data provided by PSAS. We will promptly provide any such information that S/PA requests.
- S/PA shall have the right to review our continued eligibility for tuition assistance, and change or discontinue tuition assistance in its sole discretion, including if any information we have provided to S/PA is not true and accurate or if our financial condition and resources change.
- If the undersigned student no longer is attending the high school to which S/PA has provided the tuition assistance on the student's behalf, we will notify S/PA immediately.
- We hereby release S/PA and its officers and directors from any and all liability, damages, cost or expenses of any nature whatsoever relation directly or indirectly to our participation in the S/PA program, including but not limited to, the tuition assistance provided to us, and/or any act or omission by student's school, its faculty, agents and administration.
- S/PA reserves the right to discontinue scholarship assistance to the undersigned student if the attending school places the student on probation.

ACCEPTED AND AGREED:

\_\_\_\_\_  
Name of Student (**Please Print**)

\_\_\_\_\_  
Name of Parent or Guardian (**Please Print**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date