

### I am Chosen, therefore, I am Loved!

P.O. Box 193 Glassboro, New Jersey 08028

Phone: 844-4CHOSEN, Fax (856) 881-4346

www.iamchosenfoundation.org info@iamchosenfoudation.org

Proudly Serving the Whole Tri-State Area, including All of New Jersey up to Tri-State Area Burlington, Camden, Gloucester, & Atlantic Counties

#### 2024-2025 SCHOLARSHIP APPLICATION

I Am Chosen Foundation annually awards scholarship assistance to senior students of *MINORITY* descent who are pursuing higher education. Two (2) scholarships are awarded to students who attend Glassboro High School, New Jersey.

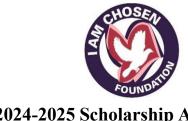
Only completed applications received on or before **April 17, 2025** will be considered. Completed applications must contain the following five (5) items. Please use the checklist below to be sure that your application is complete to avoid omitting the required documentation.

All five (5) items listed below must be placed in one (1) envelope and mailed to:

I Am Chosen Foundation P.O. Box 193 Glassboro, New Jersey 08028 Or Hand Delivered to Your Guidance Counselor

	Guidance Counselor
_1.	Completed Application Form must be signed by the student and parent or guardian.
2.	Attach College/University Letter(s) of Acceptance
3.	High School Transcript & Résumé
4.	Two Letters of Recommendations must be <u>submitted</u> and <u>signed</u> by persons other than relatives. Appropriate examples include letters from church affiliates, teachers, counselors or community members.)
5.	Typed Essay of 500 Words in Length "WHY I AM CHOSEN"

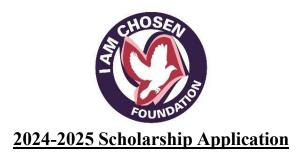
Incomplete applications will NOT be considered; notification will not be given.



# 2024-2025 Scholarship Application

## PART I - PERSONAL DATA

	First	N M 2 . J . J 1 .			
		Middle	Last		
2.	Address:				
	City:	County:	Zip Code:		
3.	Telephone: ()	Birth Date:	Sex:		
4.	E-mail Address:				
5.	High School:				
6.	Father/Guardian Name:				
7.	Mother/Guardian Name:				
<u>Part</u> 1. 2.	II - EDUCATIONAL BACKGRO  Grade Point Average  Honors/Awards:				
3.	,				
<u>PAR</u>	T III - WORK EXPERIENCE(S) -	COMMUNITY SERVICES/ACTIVI	<u>ITIES</u>		
1.	List any work experience(s):				
	Employer	D	Dates		
	Employer	D	Pates		
2.	List community/church organiz	ations in which you have participated	d, and services rendered.		



# **PART IV - SCHOOL INFORMATION** List the names of colleges or universities where you have been accepted, please include proof of acceptance letter. All information submitted for this scholarship will be considered confidential. Information will be reviewed by members of the scholarship and impartial committees. Applicant and parent/guardian must sign below. I understand that completing this form does not indicate that I have been selected for a scholarship, and that the information presented here is accurate. APPLICANT SIGNATURE DATE I have read the information provided on this application and can verify that it is true, accurate, and complete in its presentation. PARENT/GUARDIAN SIGNATURE DATE

DATE

PARENT/GUARDIAN SIGNATURE