



***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](http://www.iamchosenfoundation.org)

[info@iamchosenfoudation.org](mailto: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**

- \_\_\_\_\_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 submitted and signed 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**

1. Name: \_\_\_\_\_  
First Middle Last
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Telephone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_
5. High School: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_
6. Father/Guardian Name: \_\_\_\_\_
7. Mother/Guardian Name: \_\_\_\_\_

### **Part II - EDUCATIONAL BACKGROUND**

1. Grade Point Average \_\_\_\_\_
2. Honors/Awards: \_\_\_\_\_  
\_\_\_\_\_
3. High School Activities: \_\_\_\_\_  
\_\_\_\_\_

### **PART III - WORK EXPERIENCE(S) - COMMUNITY SERVICES/ACTIVITIES**

1. List any work experience(s):  
Employer \_\_\_\_\_ Dates \_\_\_\_\_  
Employer \_\_\_\_\_ Dates \_\_\_\_\_
2. List community/church organizations in which you have participated, and services rendered.  
\_\_\_\_\_  
\_\_\_\_\_



## **2024-2025 Scholarship Application**

### **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

---

PARENT/GUARDIAN SIGNATURE

DATE