

**BROOKDALE COMMUNITY COLLEGE ALUMNI ASSOCIATION**  
**YOUTH OPPORTUNITY SCHOLARSHIP**

The Brookdale Community College Alumni Association is offering three \$500 scholarships to Monmouth County high school seniors who graduate in June 2017 and who will be attending the College full-time (12 credits or more) during the fall 2017 semester.

**ELIGIBILITY CRITERIA**

1. The applicant must be a graduating high school senior and a resident of Monmouth County.
2. The applicant must plan to register as a full-time student (12 credits or more) for the Fall 2017 semester at Brookdale Community College.
3. The applicant must demonstrate his/her intention to earn a degree at Brookdale Community College as evidenced by matriculation in a degree program of study.
4. The applicant must present evidence, in the form of a high school transcript, that she/he has achieved a C+ average at the time of application and may not be a recipient of the New Jersey Stars Grant Program.
5. The applicant must demonstrate financial need.
6. The applicant has demonstrated participation in school activities and community involvement.
7. The applicant must demonstrate a clearly defined set of educational goals.
8. The applicant must submit a letter of support from at least one high school teacher.
9. His/her high school guidance counselor must nominate the applicant.
10. The applicant must submit an essay (500 words or less) stating her/his educational goals, what personal or special skills/attributes you will bring to Brookdale, and why you chose Brookdale. Please include points 5, 6, & 7 in your essay.
11. The scholarship is not renewable.

Further information about the scholarship program is available from the Brookdale Community College Alumni Association Office at [jortore@brookdalecc.edu](mailto:jortore@brookdalecc.edu)

**Deadline** for receipt of nominations at Brookdale Community College is **May 5, 2017**. All material outlined under Eligibility Criteria must be sent with Nomination Application.

**Announcement** of Scholarship awards will be made in June 2016.

Please send applications and supportive documents to:

Brookdale Community College Alumni Association  
765 Newman Springs Road  
Lincroft, NJ 07738  
Att: Youth Opportunity Scholarship

**NOMINATION FORM**

**BROOKDALE COMMUNITY COLLEGE ALUMNI ASSOCIATION**  
**YOUTH OPPORTUNITY SCHOLARSHIP**

**Deadline for Nomination: May 5, 2017**

High School:

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Address:

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City, State, Zip:

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Student's Name:

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Address:

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City, State, Zip:

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Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

E-mail Address:

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Expected Date of Graduation: \_\_\_\_\_

Proposed Major: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ **\*\* (Please attach official copy of transcript.)\*\***

AWARDS AND HONORS:

WORK EXPERIENCES:

**Student's Personal Essay: (up to 500 words)**

(submit on a separate paper; essay must be signed by student)

\_\_\_\_\_  
Student's Signature

I hereby attest that all statements on this application are true and I hereby grant permission for the BCC Alumni Association to release my name and situation for publicity purposes in the event I am awarded this scholarship.

Nominated by:

Date:

\_\_\_\_\_

**Principal**

**Guidance Counselor**

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

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

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

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

**Teacher Recommendation**

Please assess the character and academic potential of the student nominated for the Brookdale Community College Alumni Association Youth Opportunity Scholarship. Please attach a letter of recommendation (no more than one page please). Thank you.

Faculty Member Name:

\_\_\_\_\_

Department:

\_\_\_\_\_

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

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

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**Deadline May 5, 2017**