



2018 Scholarship Application
Atlantic City Chapter of The Links Incorporated
Application Due: March 20, 2018 (No applications will be considered after this date.)

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Sex: M ___ F ___

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

List of Brothers & Sisters

Name:	Age:
_____	_____
_____	_____
_____	_____
_____	_____

Please list the high schools you have attended:

To	From	Name of School	Location

High School Grade Point Average (GPA): _____

(Submit an official copy of your transcript and a recommendation from a teacher.)

Class Rank: _____ **SAT Scores:** _____

Athletic Activities:

Community Activities:

College(s) accepted by:

Submit an acceptance letter from the college/university you plan to attend:

Major Course of Study: _____

Father's Occupation: _____

Employer: _

Mother's Occupation:

Employer: _____

Student gross income for the last calendar year: _____ **Please list jobs you have held during high school:**

Employer	Job	Length of Employment	Salary

Please provide pertinent information relating to financial need. (Attach separate sheet if needed):

Parent's signature: _____ **Date:** _____

Student's signature: _ _____ **Date:** _____

Attach an essay of no more than 500 words which answers one of the following questions:

1. What does success mean to you?

2. Given the opportunity to have one wish granted, what would it be, and why?

Return application materials to: **Dr. Mary Edwards Andrews**
Services to Youth
**** **7 Brookstone Drive**
Sicklerville, NJ 08081

Financial Information:

As per 2017 Tax return:

Parents' Total Adjusted Gross Income: