



New Jersey Plumbing Inspectors Association Sal Del Corso Scholarship Application Form

**Chairman Frank Speranza
32 Mayberry Ave.
Monroe Township, NJ 08831**

PLEASE COMPLETE THE FOLLOWING AS REQUIRED BY NJPIA BYLAWS

The New Jersey Plumbing Inspectors Association will be awarding (3) three \$1,000.00 scholarships to any student pursuing a higher education in a two or four year program of study.

APPLICATION: Please type or print clearly in black or blue ink.

Biography

Name: _____

Address: _____

Phone: (____) _____

Current Employment Information (If Applicable)

Employer: _____

Address: _____

Phone: (____) _____ **Date of Birth (DOB)** _____

Other Personal Information

Is father living? _____ **Is mother living?** _____

Applicant resides: _____

Fathers name: _____

Occupation: _____

Mothers name: _____

Occupation: _____

Parent's or Applicant's marital status: Married ____ Separated ____ Divorced ____

Number of siblings supported by parents or guardians: _____

Relationship to the Association

Provide the name of the active NJPIA member you are related to.

Member Name: _____

How are you related? _____

Extracurricular Activities

Please list below or attach a list of your extracurricular activities including school or community related services, clubs and organizations, offices held, and years involved.

Work Experience

Please list any past work experiences including job description, employer, and years at the job.

Goals

List schools to which you have applied in order of preference:

1. _____
2. _____
3. _____
4. _____

List schools to which you have been accepted:

1. _____
2. _____
3. _____
4. _____

Planned area of future study: _____

Essay (Attach additional paper if necessary)

Write a statement describing your career goals and how your work either at school, in extracurricular activities, at your job, or any leadership positions have prepared you for college and your future career.

[illegible]

Scholarship: (This section to be filled out by Principal or Guidance Counselor)

Rank _____ **out of a class of** _____ **SAT** _____ **GPA** _____

Signature of Principal or Guidance Counselor _____

Attach an official copy of your transcript.

Please submit (2) two letters of recommendation.

Failure to properly complete all sections of the application and submit all requested information by March 31 will result in an incomplete application and ineligibility for the scholarship award.

Members Only Do Not Write Below

Received By: _____ **Date:** _____