

**OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL
2018/2019 POST-SECONDARY SCHOLARSHIP**

This is a tuition award that may only be applied to post-secondary programs offered by the Ocean County Vocational Technical School. The deadline for ALL application submittals will be Friday, May 25, 2018.

Criteria:

1. Applicant must have a strong desire to succeed in a vocational/technical program and possess a clearly defined career goal that will take full advantage of the educational opportunity provided by OCVTS.
2. Applicant must demonstrate strong character and ability through completion of the application process.

Application Process:

1. Completion of the Scholarship Application form and **return of this cover page with name, signature, and date.**
2. **Completion of a personal essay outlining career goals.**
3. If the applicant is currently enrolled in high school; they will need to submit their latest high school transcript and current senior report card with attendance records. If the applicant is currently an adult, a copy of their high school diploma or high school equivalency diploma is required.
4. Submission of **two forms of recommendation** (no friends or relatives) establishing the integrity and motivation of the applicant. If currently an OCVTS student, one recommendation **must** come from your vocational instructor.
5. A completed and separate **Application for Post-Secondary Admissions** form and medical form **must** be on file as part of this scholarship application process in addition to all the required scholarship submittals.

Return applications to: Mary Beatty-Sharisky, Principal of Adult Education
Ocean County Vocational Technical School
1299 Old Freehold Road
Toms River, NJ 08753

Telephone: 732.473.3159

SCHOLARSHIP GUIDELINES:

- To remain in the scholarship program, students must maintain a minimum **“C” average** in their OCVTS program of study and adhere to attendance standards in accordance with the OCVTS Student Agreement.
- All post-secondary scholarship recipients will have their academic progress and attendance evaluated every nine weeks by a representative of the scholarship committee. Students failing to follow the guidelines will be placed on academic probation. Students who remain non-compliant after being placed on academic probation will have their scholarship terminated and receive a bill for the remainder of the course for which they are enrolled.
- The Post-Secondary Scholarship Committee will review applications and award scholarships. Priority will be given to applicants interested in non-traditional careers and students with personal, financial, or family problems that present a barrier to post-secondary education. **Such special considerations should be indicated in the personal essay content or counselor’s comments section of the application.**
- The tuition award may only be applied to programs offered by the Ocean County Vocational Technical School. **NOTE: Post-secondary enrollment is based upon space availability on date of course application.**
- The scholarship award does not include books, lab fees, or other supplies, if needed.
- There are a very limited number of scholarships available.
- Scholarships will be awarded on a rolling basis after the **May 25th** deadline for scholarship applications.
- Scholarships must be used during the **2018/2019** school year.

By signing below, I acknowledge and accept all of the above agreements regarding the OCVTS post-secondary scholarship award.

Print Applicant’s Name

Applicant’s Signature

Date

How did you hear about this program? _____

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL

2018/2019 Post-Secondary Scholarship Application

For OCVTS Use Only

Post-Secondary Scholarship Amount: \$ _____

Part A- To be completed by student

Last Name First Name MI

Mailing Address

City State Zip Home Phone

High School _____ Year of Graduation _____

Vocational Program Desired: _____

Have you ever attended the Ocean County Vocational Technical School? Yes ___ No ___

If you answered "yes", please provide dates: From _____ ~ To _____ . Program: _____
month/year month/year

Are there any special circumstances that you would like us to consider? Explain:

OPTIONAL: Survey Statistic in compliance with Affirmative Action Program (NJSA 3620)

Sex: Male ___ Female ___

Ethnic: White ___ Black ___ American Indian ___ Hispanic ___ Asian ___ Other ___

Part B- Must be completed by your High School Guidance Counselor. Please attach latest transcripts and all senior report card grades to date including attendance records-

Has the applicant ever received remedial education in: Math _____ Reading _____ Writing _____

Has the student ever been evaluated by the Child Study Team? _____ Classification _____

Attendance: 12th grade - number of days absent _____ If unsatisfactory (**over 10 days**), explain:

Counselor's Comments (Required):

Counselor's Signature

Applicant's Signature

It is the policy of the Ocean County Vocational Technical Schools not to discriminate in its technical programs, activities, employment practices or admission policies and practices on the basis of race, color, national origin, sex or handicap. Lack of English language skills will not be a deterrent to admission to any program at the Ocean County Vocational Technical School.

POST-SECONDARY SCHOLARSHIP RECOMMENDATION FORM

Applicant's Last Name	First Name	Middle Initial
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The above student has applied for a scholarship at the Ocean County Vocational Technical School district. To the best of your knowledge, please complete the recommendation form below.

Please Check:

- | | | | |
|--------------------------------|-------------------|-----------------|-------------|
| 1. General academic ability | Outstanding _____ | Competent _____ | Weak _____ |
| 2. Vocational-technical skills | Outstanding _____ | Competent _____ | Weak _____ |
| 3. Responsible | Always _____ | Sometimes _____ | Never _____ |
| 4. Well Disciplined | Always _____ | Sometimes _____ | Never _____ |
| 5. Mature | Always _____ | Sometimes _____ | Never _____ |

Comments: _____

Name of Person Making Recommendation: _____

Relationship to Applicant: _____

Address: _____

Phone: _____

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Comments:

Name of Person Making Recommendation: _____

Relationship to Applicant: _____

Address: _____

Phone: _____