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 22, 2020**.

**Criteria:**
1. The 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. The applicant must demonstrate strong character and ability through completion of the application process.

**Application Process:**
- Completion of the Post-Secondary-Scholarship application form and return of this cover page with name, signature and date.
- **Completion of a personal essay outlining career goals.**
- 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.
- 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.
- 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.
- Applicant must complete a **FAFSA** in order to be considered for a Post-Secondary Scholarship.

**Return applications to:** Mary Beatty-Sharisky, Principal of Adult Education
Ocean County Vocational Technical School
1299 Old Freehold Road
Toms River, NJ 08753
732.473.3100 ext. 3132/JLamazza@mail.ocvts.org (for questions)

**SCHOLARSHIP GUIDELINES:**
- To remain in the scholarship program, the student must maintain a minimum **“C” average** in their OCVTS program of study and adhere to attendance standards in accordance with the **OCVTS Student Agreement**.
- **The Post-Secondary Scholarship will be reviewed at the end of each semester/mark period.** If a **“C” average** is not maintained by the scholarship recipient, or if the attendance policy is violated, the scholarship will be revoked. Consequently, the burden of tuition will be the sole responsibility of the student. **________ applicant please initial on line.**
- 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 limited scholarships available.
- Scholarships must be used during the **2020/2021** 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? ______________________________________

(Revised February, 2020)
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: ________

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.

(Revised February, 2020)
POST-SECONDARY SCHOLARSHIP RECOMMENDATION FORM

Applicant’s Last Name    First Name    Middle Initial

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:  _______________________________________________________________________

(Revised February, 2020)
POST-SECONDARY SCHOLARSHIP RECOMMENDATION FORM

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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: _______________________________________________________________________

(Revised February, 2020)