



## 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/marking 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 **2023/2024** school year.
- This scholarship is considered a **last dollar scholarship**. A last dollar scholarship will only cover up to the cost of tuition after Financial Aid.

*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? \_\_\_\_\_





# POST-SECONDARY SCHOLARSHIP RECOMMENDATION FORM

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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:

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Name of Person Making Recommendation:

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Relationship to Applicant:

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_