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 17, 2024.

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.

Submit the Following:
1. This cover page with name, signature and date.
2. Post-Secondary-Scholarship application form (next page).
3. Completion of a typed 250-500 word personal essay outlining career goals.
4. High school students:
   a. the latest high school transcript
   b. current senior report card with attendance records.
5. Adults:
   a. a copy of their high school diploma or high school equivalency diploma is required.
6. 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.
7. A completed and separate application for Post-Secondary Admissions form and medical form must be on file.
8. FAFSA application

Return applications to: Jeremy Dusza, Principal of Adult Education
Ocean County Vocational Technical School
1299 Old Freehold Road
Toms River, NJ 08753

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 2024/2025 school year.
This scholarship is considered a last dollar scholarship; no tuition refunds will be given.

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? _____________________________
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

<table>
<thead>
<tr>
<th>Applicant’s Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

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: _____________________________________________________________________
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: _____________________________________________________________________