

**OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL  
2024/2025 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 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? \_\_\_\_\_





## 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: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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