



PRESIDENTIAL BOOK AWARD **RENEWAL**

Check semester of application: FALL 202___ SPRING 202___

Name: _____ Student ID: _____
(Please print carefully)

Address _____

City: b _____, New Jersey Zip: _____

County: _____ Telephone: _____

Who are the members of your household? Please indicate names and relationship.

Age	Name	Relationship
		SELF

Total number of household members: _____ Number in college: _____

Are you the first in your family to attend college? Yes No

What is the highest level of education of your parents and/or guardians?

- | | | |
|---|---|---|
| <input type="checkbox"/> Did not finish high school | <input type="checkbox"/> High school graduate | <input type="checkbox"/> High School Equivalency Examination Credential |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's Degree |

Annual Household Income: \$ _____

Name of High School: _____ Year graduated: _____

Activities participated at OCC: _____

Other volunteer, off campus activities, hobbies and/or interests: _____

Are you employed? No Yes

Employer Name and Address: _____

No, number of credits earned: _____ Degree Program: _____

Grade Point Average (GPA): _____ Current OCC Registration: (Please indicate number of credits) _____

Honors & Awards: _____

Statement of Need and Goals:

How has this scholarship helped advance your educational goals? _____

Letter of Recommendation

Submit one letter of recommendation from a person (other than family member and/or relative) who can tell us about your future plans and educational goals. Identify this individual below.

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

Email: _____

Certification

I declare that the information and statements on the preceding pages are true, correct, and complete. I understand that deliberate omission and/or misrepresentation will be cause for denying my application.

Signature: _____ Date: _____

Completed applications and requests for additional information should be submitted to Lrickards@ocean.edu

FOR OFFICE USE ONLY

Completed/Submitted:

High School Transcript

OCC Transcript

Letter of Recommendation

Award Recommendation

Award Sum: _____ Semester: _____

Reviewer Signature: _____ Date: _____