



PRESIDENTIAL  
BOOK AWARD  
**INITIAL**

Check semester of application:  FALL 202\_\_  SPRING 202\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(Please print carefully)

Address \_\_\_\_\_

City: \_\_\_\_\_, New Jersey Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Age	Name	Relationship
		<b>SELF</b>

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?

- Did not finish high school     
  High school graduate     
  High School Equivalency Examination Credential  
 Associate's Degree     
  Bachelor's Degree     
  Master's Degree

Annual Household Income: \$ \_\_\_\_\_

Name of High School: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Activities participated in High School: \_\_\_\_\_

Activities participated at OCC: \_\_\_\_\_

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

Are you employed?  No  Yes

Employer Name and Address: \_\_\_\_\_

Is this your first year at Ocean County College?  Yes, Degree Program: \_\_\_\_\_

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 will this scholarship help you 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 desire to attend college, your readiness and/or about your academic promise or ability. 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](mailto:Lrickards@ocean.edu)

## FOR OFFICE USE ONLY

Completed/Submitted:

High School Transcript

OCC Transcript

Letter of Recommendation

### Award Recommendation

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Award Sum: \_\_\_\_\_ Semester: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_