



SIX MILE RUN REFORMED CHURCH

3037 STATE ROUTE 27 • FRANKLIN PARK, NJ 08823

Telephone: 732-297-3734

Fax: 732-297-4234

E-mail: admin@sixmilerun.org

Website: www.sixmilerun.org

CORTELYOU-SINCAK SCHOLARSHIP APPLICATION

Application Deadline: May 15, 2020

STUDENT NAME	
ADDRESS	
GENDER	

FAMILY INFORMATION

Number of family dependents claimed on prior year's taxes: _____. Please list ages only (No Names) and indicate school/employment (Including the applicant).

Age of Dependent	Grade	Place Full-Time Employment	College Attending



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STUDENT INFORMATION

School Activities: Use this space to list any participation or involvement in clubs, athletic teams, music department (state which performing organization; ex: instrumental, vocal, color guard), and other school groups. You **MUST** provide the number of years you participated.

Community Activities: List your membership/participation in community-based activities & organizations. You **MUST** provide the number of years of your involvement.

Volunteer/Community Service: List activities with dates of service.

Employment: List part-time and summer jobs with dates worked.



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Hobbies/Special Interests/Talents:

Honors/Awards/Special Recognitions:

Test Scores (If Taken) & Grade Point Average (GPA):

Combined SAT Score: _____ ACT Composite Score: _____ Current GPA: _____

POST-HIGH SCHOOL PLANS

- Full time Employment
- Career School
- Two-year College
- Four-year College
- Military
- Other: _____

If continuing your formal education, list the name, location and cost of the school you will be attending:

SCHOOL	LOCATION	ANNUAL COST OF ATTENDING



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If you have not yet decided, list ALL schools you are considering and indicate the status of your application to each and the cost of attendance for the year:

A = Accepted

P = Pending (Haven't heard yet)

WL = Wait List

NA = Not yet Applied

SCHOOL	LOCATION	STATUS	COST OF ATTENDING

Career Goal:

Program of Study you plan to pursue:

What are your reasons for choosing this field of study?



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COMPLETE THIS FINANCIAL SECTION ONLY IF THE SCHOLARSHIP IS NEED BASED

FINANCIAL INFORMATION

Please refer to our parent's/guardian's prior year's income tax return to complete this section:

Annual Parent/Guardian Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> Below \$30,000 | <input type="checkbox"/> \$75,001 - \$90,000 | <input type="checkbox"/> \$135,001 - \$150,000 |
| <input type="checkbox"/> \$30,001 - \$45,000 | <input type="checkbox"/> \$90,001 - \$105,000 | <input type="checkbox"/> Over \$150,001 |
| <input type="checkbox"/> \$45,001 - \$60,000 | <input type="checkbox"/> \$105,001 - \$120,000 | |
| <input type="checkbox"/> \$60,001 - \$75,000 | <input type="checkbox"/> \$120,001 - \$135,000 | |

Does the above represent the income of 1 ___ or 2 ___ parent(s)/guardian(s)?

Number of dependents claimed on prior year's tax return: _____

Number of family members currently in college Full-Time (not including you): _____

Did you and your parents apply for Financial Aid, filing the FAFSA _____ or CSS Profile _____?

If so, what is your Estimated Family Contribution (E.F.C.) as determined by the FAFSA? \$ _____

If you have received financial aid award letters, what is the amount of the aid package you are being offered? (provide average amount if you have gotten multiple offers) \$ _____

Amount your parent(s)/guardian(s) plan to contribute toward your education (per year) \$ _____

Amount you plan to contribute yearly toward your education? \$ _____

List the name(s) and amount(s) any scholarship/awards/grants you know you will be receiving:

NAME OF AWARD	DOLLAR AMOUNT
Total	\$

