

KENILWORTH CHAMBER OF COMMERCE

To: School Counselors - David Brearley High School

Enclosed is the KENILWORTH CHAMBER OF COMMERCE Academic Prize application for high school seniors who are planning to pursue a certificate or associate degree. This prize was originally established to aid high school students who intend to pursue certificate or associate degree programs in New Jersey with a specific career objective. Preference will be given to students pursuing post-high school education other than traditional four-year college programs.

An academic prize of either 1 iPad or 1 laptop will be awarded to the successful candidate(s).

Please feel free to duplicate the application for distribution to all eligible students.

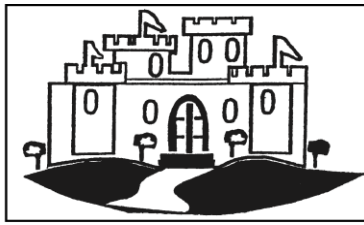
The deadline for returning the prize applications is **Tuesday, June 5, 2018**. If you have any questions, please call Bidisa Rai at the Chamber office at 908-352-0900.

Sincerely yours,

Kamal Assad
Chair
Kenilworth Chamber of Commerce



135 Jefferson Avenue, Elizabeth, NJ 07201
908-352-0900 • Fax 908-352-0865



KENILWORTH CHAMBER OF COMMERCE

KENILWORTH CHAMBER OF COMMERCE ACADEMIC PRIZE APPLICATION

PLEASE KEEP THE FOLLOWING IN MIND WHEN COMPLETING THE APPLICATION.

1. **Read carefully and answer all the questions on the application.** Your parent/guardian and school counselor's assistance is suggested.
2. This prize was originally designed to aid high school students who intend to pursue certificate or associate degree programs in New Jersey with a specific career objective. Preference will be given to students pursuing post-high school education other than traditional four-year college programs. If you are enrolling in a New Jersey college that offers both Associate and bachelor's degrees, indicate that on the application.
3. The personal statement which will accompany this application is an extension of you. In most cases, it is the only picture of you the Prize Selection Committee will see. It is very important to:
 - a) Type or print clearly.
 - b) Sign your statement.
 - c) Include anything you want to tell the Prize Selection Committee that will help them to know you better.
 - d) Read the application carefully and make certain every question is answered.
4. The Prize Selection Committee relies completely upon the application and the materials you provide in selecting prize recipients. Be assured that this information will be kept in the strictest confidence.
5. PLEASE RETURN THE COMPLETED APPLICATION, INFORMATION SHEETS, STUDENT TRANSCRIPT AND PERSONAL STATEMENT TO:

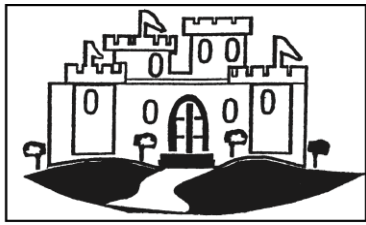
**KENILWORTH CHAMBER OF COMMERCE
135 JEFFERSON AVENUE
ELIZABETH, NEW JERSEY 07201**

SUBMIT THE HIGH SCHOOL INFORMATION SHEET TO YOUR SCHOOL COUNSELOR. BE SURE YOUR PARENT/GUARDIAN SIGNS THIS SHEET FOR RELEASE OF YOUR TRANSCRIPT.

**THE DEADLINE FOR RETURNING ALL THE MATERIAL IS
TUESDAY, JUNE 5, 2018**



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KENILWORTH CHAMBER OF COMMERCE

RELEASE FORM

TO THE STUDENTS:

Both you and your parent/guardian should sign the release form and return it to your school counselor for completion.

This authorizes the high school to release a copy of the student's transcript to the Gateway Regional Chamber of Commerce:

SIGNATURE - Student _____

Date _____

SIGNATURE - Parent/Guardian _____

Date _____

--- CONFIDENTIAL ---

HIGH SCHOOL INFORMATION

NAME OF STUDENT _____

NAME OF COUNSELOR _____

COUNSELOR'S COMMENTS _____

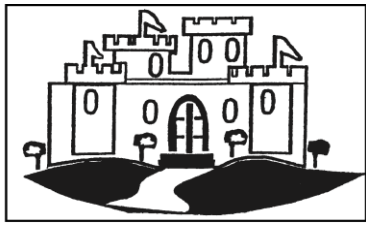
Counselor's Signature Date

Please attach a copy of the student's transcript with this form and return to us no later than TUESDAY, JUNE 5, 2018 Mail to:

KENILWORTH CHAMBER OF COMMERCE
135 JEFFERSON AVENUE
ELIZABETH, NEW JERSEY 07201



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KENILWORTH CHAMBER OF COMMERCE

--- CONFIDENTIAL ---

KENILWORTH CHAMBER OF COMMERCE

FAMILY INFORMATION

FATHER/GUARDIAN _____ MOTHER/GUARDIAN _____

ADDRESS _____ ADDRESS _____

EMPLOYER _____ EMPLOYER _____

ANNUAL EARNINGS _____ ANNUAL EARNINGS _____

OTHER INCOME* _____ OTHER INCOME* _____

*** MUST INCLUDE ALL SOURCES**

1. Does your family own or rent its home? _____

2. How many children in the family? _____

Age of brother(s) _____ Age of sister(s) _____

3. Are any attending a post-high school institution? _____

Name and address of institution(s) _____

Please explain any extenuating circumstances the committee should be aware of in considering your application. _____



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