

Scholarsense

ABOUT THE APPLICANT

Please Print

Last Name:		First Name :			MI:
Applicant's Age:	Current Grade:	Date of Birth:	Household Size:	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Street Address & Apt #:			City:	State & Zip	
Home Phone No:	Cell Phone No:		Email address:		
Racial or Ethnic Group (optional)					
<input type="checkbox"/> American Indian/Alaskan		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> White/Caucasian		<input type="checkbox"/> Other (explain)	

INFORMATION ABOUT THE SAT Prep ORGANIZATION

Please print and complete all requested information

Name of SAT Prep Organization:			
Street Address	City:	State:	Zip Code
Contact Person:		Contact Phone No.:	
Program Description: (Please print)	Program Length (No. of wks):	Program Cost:	

A program of the Community Development Corporation of Northern New Jersey (CDC|NNJ), Scholarsense endeavors to empower youth by helping them achieve academic success by providing some financial assistance with SAT preparation. To apply for an SAT Award to participate in SAT preparation, each applicant must **attach a copy of his/her most recent report card to this completed application**. Additionally, **applicant must submit a typed explanation of why she/he wishes to take a SAT course and what his/her desired educational goals are in no more than 300 words.**

Continued on the other side

How did you hear about Scholarsense?

- Church Friend Website Athletic Organization Other

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

DEADLINES

**For SAT Prep Courses October – December
September 1st**

**For SAT Prep Courses January – March
December 1st**

A Program Of



Scholarsense (Oct.-Dec./Jan.-Mar.): *Scholarsense* affords high school juniors and seniors an opportunity to take advantage of comprehensive SAT test preparation and review courses by providing financial assistance through an objective, competitive, need-based selection process.

For Official Use only

Approved: _____

Award Amt. \$ _____

Check No.: _____

Date Issued: _____