The Emla Rimelspacher Scholarship Fund will begin to accept applications for processing received May 1\textsuperscript{st} through June 15\textsuperscript{th}. The current report card through the 3\textsuperscript{rd} semester or marking period is to be submitted with the application along with the $15 application fee per family and the W-2 or other proof of income or assistance. Please make sure you enclose a self-addressed stamped envelope for the prompt return of their reply.
THE EMLA RIMELSPACHER SCHOLARSHIP FUND PROGRAM PROVIDES GRANTS TO DESERVING STUDENTS TO HELP THEM MEET THE COSTS OF EDUCATION.

ELIGIBILITY: FUNDS ARE GIVEN FOR STUDENTS ATTENDING KINDERGARTEN THROUGH 8TH GRADE, AND WILL CONTINUE THROUGH HIGH SCHOOL IF THE AWARDS ARE GRANTED EACH SUCCEEDING YEAR WITHOUT INTERRUPTION. ELIGIBILITY ENDS WHEN THE STUDENT GRADUATES GRAMMAR SCHOOL, OR HIGH SCHOOL IF THE AWARDS CONTINUE, OR IF THE STUDENT’S GRADE FALLS BELOW A PASSING AVERAGE.

DEADLINES: MAY 1 TO JUNE 15, BASIC APPLICATION IS DUE. RETURN ONE FULL APPLICATION TO EMLA RIMELSPACHER SCHOLARSHIP FUND, INC., P. O. BOX 1243, DENVILLE, NEW JERSEY 07834, FOR EACH APPLICANT.

COMPLETE APPLICATION CAREFULLY AND FULLY: INCLUDE SCHOOL RECORDS FOR CURRENT YEAR TO DATE, PARENT'S W-2 FORM, PROOF OF SOCIAL SECURITY/DISABILITY TOTAL YEARLY INCOME FROM ALL SOURCES, MUST BE ATTACHED TO THE APPLICATION.

APPLICATION DEADLINE: JUNE 15. NO APPLICATION WILL BE GIVEN CONSIDERATION AFTER THE JUNE 15 DEADLINE. THIS DEADLINE IS ABSOLUTE.

APPLICATION FEE: AN APPLICATION FEE OF $15.00 PER APPLICANT, OR $15.00 PER FAMILY IF MORE THAN ONE APPLICATION IS SUBMITTED, MUST ACCOMPANY EACH APPLICATION FOR IT TO BE CONSIDERED.

NO APPLICATION WILL BE CONSIDERED UNLESS IT IS ON TIME, FULLY SIGNED, AND FULLY COMPLETED, AND ALL SUPPORTING PAPERS ARE RECEIVED BY THE DEADLINE INDICATED.

ALL APPLICATIONS MUST BE REVIEWED AND SIGNED BY THE PRINCIPAL OR INDIVIDUAL APPOINTED BY THE PRINCIPAL IN ORDER TO BE CONSIDERED COMPLETE.

THE SCHOLARSHIP COMMITTEE
STUDENT LAST NAME   FIRST NAME   SOCIAL SECURITY #   HOME PHONE #

MAILING ADDRESS: STREET # OR P.O. BOX, ZIP CODE

DATE OF BIRTH

School attending in September

GRAMMER SCHOOL GRADE

HIGH SCHOOL GRADE

IF AWARD GRANTED IN 8TH GRADE AND ELIGIBILITY CONTINUES

NAME OF SCHOOL   ADDRESS OF SCHOOL

PRINCIPAL/DEAN OF SCHOOL   SCHOOL PHONE #   DEGREE SOUGHT (College)

PARENT/GUARDIAN NAME   HOME PHONE # OF PARENT/GUARDIAN

PARENT/GUARDIAN ADDRESS

MARITAL STATUS OF PARENT/GUARDIAN   OFFICE PHONE # PARENT/GUARDIAN

MARRIED ___ SINGLE ___ SEPARATED ___ DIVORCED ___ WIDOWED ___

AMOUNT OF SPOUSAL SUPPORT IF DIVORCED OR SEPARATED:

WAS STUDENT ASKED TO WITHDRAW FROM ANY SCHOOLS: YES ___ NO ___

REASON: ACADEMIC ___ DISCIPLINARY ___ OTHER ___

SPECIFY REASON:

NUMBER OF PREVIOUS YEARS SCHOLARSHIP MONIES RECEIVED FROM THE RIMELESPACHER FUND

DOES STUDENT HAVE ANY PHYSICAL DISABILITY WHICH SHOULD BE BROUGHT TO THE ATTENTION OF THE SCHOLARSHIP COMMITTEE: YES ___ NO ___

NATURE OF DISABILITY

AMOUNT OF TUITION FOR SCHOOL YEAR

AMOUNT OF SCHOLARSHIP MONIES FROM OTHER SOURCES

NAME OF SOURCE:

HAVE YOU ANSWERED ALL OF THE ABOVE QUESTIONS? NON-COMPLIANCE WILL VOID APPLICATION.
PLEASE PRINT OR TYPE

TO BE FILLED IN BY PARENT/GUARDIAN:

TOTAL INCOME -- ATTACH COPY OF W-2 FORMS FOR YEAR

<p>| | | | |</p>
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<thead>
<tr>
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<tbody>
<tr>
<td>HUSBAND</td>
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<td>WIFE</td>
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<td>OTHER</td>
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<tr>
<td>(Rents, Interest, etc.)</td>
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<tr>
<td>TOTAL FAMILY INCOME</td>
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NUMBER OF DEPENDENT CHILDREN: (NAMES & AGES) ________________________________

AMOUNT OF TUITION FOR ALL DEPENDENT CHILDREN TO BE PAID IN CURRENT YEAR: ________________

<table>
<thead>
<tr>
<th>DWELLING: OWN</th>
<th>RENT</th>
<th>SINGLE FAMILY</th>
<th>MULTIPLE FAMILY</th>
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<tbody>
<tr>
<td>AMOUNT OF RENT:</td>
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<tr>
<td>IF OWNED, AMT. OF MORTGAGE:</td>
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<tr>
<td>IF OWNED, AMT. OF TAXES:</td>
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</table>

ASSET INFORMATION:

| CASH & CHECKING ACCOUNTS: | $   |
| ASSESSED VALUE OF PROPERTY: | $   |
| OTHER ASSETS: | $   |

HOW MUCH OF THE YEARLY TUITION CAN PARENT/GUARDIAN OR STUDENT CONTRIBUTE:

ALL APPLICATIONS MUST BE REVIEWED AND SIGNED BY THE PRINCIPAL OR INDIVIDUAL APPOINTED BY THE PRINCIPAL.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION ABOVE IS CORRECT AND THAT FALSIFICATION OF INFORMATION MAY SUBJECT ME TO REJECTION OF ANY SCHOLARSHIP FUNDS. (ALL SIGNATURES REQUIRED)

APPLICANT'S SIGNATURE __________________________ DATE ____________ PARENT/GUARDIAN'S SIGNATURE __________________________

PRINCIPAL'S SIGNATURE __________________________ DATE ____________

SEND COMPLETE APPLICATION TO:

EXECUTIVE DIRECTOR

EMLA RIMELSPACHER SCHOLARSHIP FUND, INC.
P.O. BOX 1243, DENVILLE, NEW JERSEY 07834

DO NOT SEND APPLICATION PRIOR TO MAY 1 OF ANY YEAR.

NOTICE TO STUDENT, PARENT/GUARDIAN & PRINCIPAL: NO APPLICATION WILL BE CONSIDERED UNLESS THEY ARE ON TIME, FULLY COMPLETED, SIGNED BY STUDENT, PARENT/GUARDIAN & PRINCIPAL, GRADES ATTACHED, W-2 FORMS ATTACHED.
SCHOLARSHIP FUND COMMITTEE USE ONLY

SCHOOL RECORD RECEIVED: __________________________
W-2 FORMS RECEIVED: __________________________
APPLICATION SIGNED: __________________________
APPLICATION FULLY COMPLETED: __________________________

FOLLOW UP: __________________________

FINAL ACTION:

SCHOLARSHIP MONEY GRANTED: __________________________
AMOUNT: __________________________
DENIED: __________________________
REASON DENIED: __________________________

If you wish, please indicate below special needs or circumstances of the child or family which make financial assistance necessary.

Parents/Guardian:

School Official: