

## Emla Rimelspacher Scholarship Fund, Inc.

The Emla Rimelspacher Scholarship Fund will begin to accept applications for processing received May 1<sup>st</sup> through June 15<sup>th</sup>. The current report card through the 3<sup>rd</sup> 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.

EMLA RIMELSPACHER SCHOLARSHIP FUND  
P. O. BOX 1243  
DENVERVILLE, NEW JERSEY 07834  
(973) 627-0892  
fax (973) 627-8423

### SCHOLARSHIP PROGRAM

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 8<sup>TH</sup> 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, DENVERVILLE, 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

PLEASE PRINT OR TYPE

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 RIMELSPACHER 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

HUSBAND \$  
WIFE \$  
OTHER \$  
(Rents, Interest, etc.)  
TOTAL FAMILY INCOME \$

NUMBER OF DEPENDENT CHILDREN: (NAMES & AGES) \_\_\_\_\_

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

DWELLING: OWN RENT SINGLE FAMILY MULTIPLE FAMILY  
AMOUNT OF RENT: \$  
IF OWNED, AMT. OF MORTGAGE: \$  
IF OWNED, AMT. OF TAXES: \$

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, DENVER, 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: \_\_\_\_\_ DENIED: \_\_\_\_\_  
AMOUNT: \_\_\_\_\_ 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: