

**The Robert J. and Deborah A. Chalfin Family Foundation Inc.**  
**APPLICATION FOR SCHOLARSHIP**  
**For High School Seniors Graduating in 2010**

Applicant Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_

High School Attending \_\_\_\_\_

1. Probable Major \_\_\_\_\_ Career Goal \_\_\_\_\_

<u>Choice and Location of School/College</u>	<u>Accepted</u>	<u>Total Anticipated Annual Cost</u>
(1 <sup>st</sup> ) _____	_____	_____
(2 <sup>nd</sup> ) _____	_____	_____
(3 <sup>rd</sup> ) _____	_____	_____

2. List other scholarships or grants for which you have applied or have received, including source.

<u>Scholarship or Grant</u>	<u>Amount Applied For</u>	<u>Amount Granted</u>
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____

3. Estimate the total expenses for your first year of college including tuition, fees, room, board, transportation, etc. \$ \_\_\_\_\_.

4. How will you finance your first year expenses?

- |                 |          |                         |          |
|-----------------|----------|-------------------------|----------|
| a. Parents      | \$ _____ | g. Balance still needed |          |
| b. Employment   | _____    | (line 3 less line 4f)   | \$ _____ |
| c. Savings      | _____    | h. Father's Occupation  | _____    |
| d. College      | _____    | i. Years in Position    | _____    |
| Financial Aid   |          |                         |          |
| e. Student Loan | _____    | j. Mother's Occupation  | _____    |
| f. Total        | \$ _____ | k. Years in Position    | _____    |

5. Provide the name and telephone number of two references, outside of your family.

\_\_\_\_\_  
 \_\_\_\_\_

6. List extra-curricular activities in which you have actively participated. (Include teams, clubs or organizations plus any offices held or other services performed according to grade level.)

\_\_\_\_\_  
 \_\_\_\_\_

7. List your employment experience.

<u>Employer</u>	<u>Position</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. If you had other responsibilities that prohibited you from working, please explain.

\_\_\_\_\_  
\_\_\_\_\_

9. Others in family household excluding you, your parents or guardians.

10. <u>Name</u>	11. <u>Relationship</u>	<u>Age</u>	<u>School or College, if Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Describe any family circumstances or financial problems, which might be of importance to the scholarship committee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List five words that you would use to describe yourself.

\_\_\_\_\_

12. List five words that others would use to describe you.

\_\_\_\_\_

13. What is your favorite book?\_\_\_\_\_. Briefly describe why.\_\_\_\_\_

\_\_\_\_\_

14. Describe succinctly some aspect of your family, high school, community, or country that you would like to change. Please discuss your reason(s) and how you would accomplish this goal. Your essay, which should be on a separate sheet of paper, should be no more than 300 words.

Attach additional paper to add any comment you wish in support of your application or to expand or clarify any other answer.

Please submit your completed application by May 7, 2010 to:  
The Robert J. and Deborah A. Chalfin Family Foundation Inc.  
45 Bridge St., P.O. Box 4519  
Metuchen, New Jersey 08840 [bob@chalfin.com](mailto:bob@chalfin.com)  
732/321-1099 telephone 732/321-1066 facsimile

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**I certify the information contained in this application is true and complete. If I am selected as a scholarship recipient, I authorize The Robert J. and Deborah A. Chalfin Family Foundation Inc. to release information containing my name and high school, the college that I will be attending, and the amount of the scholarship award to the media.**

Signature \_\_\_\_\_  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Date

If you are under 18 years of age, your parent or guardian should sign below.  
I am the parent/guardian of \_\_\_\_\_ (insert name). I certify the information contained in this application is true and complete. If my child is selected as a scholarship recipient, I authorize The Robert J. and Deborah A. Chalfin Family Foundation Inc. to release information containing his/her name and high school, the college that my child will be attending, and the amount of the scholarship award to the media.

Signature \_\_\_\_\_  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Date