* OCEAN COUNTY MAYORS' ASSOCIATION SCHOLARSHIP APPLICATION 2018

STUDENT'S NAME:	
ADDRESS:	
SOCIAL SECURITY #:	
TELEPHONE NUMBER:	CELL NUMBER:
PARENTS/GUARDIANS:	
HIGH SCHOOL:	
ADDRESS:	
TELEPHONE NUMBER:	
GUIDANCE COUNSELOR:	
1. SCHOOL ACTIVITIES: (B	and, Athletics, Clubs, etc.):
2. COMMUNITY ACTIVITIE	ES: (Scouts, Church Groups, Volunteers, etc.):
3. PLEASE ATTACH A COPYOURSELF.	Y OF YOUR HIGH SCHOOL TRANSCRIPT AND A RECENT PHOTOGRAPH OF
4. PRINCIPAL'S RECOMME	ENDATION:
5. ESSAY: Discuss, in detail, y	your interest in government. PLEASE ATTACH A SEPARATE SHEET(S).
* <mark>I</mark>	DISTRICTS CHOOSE ONE NOMINEE PER DISTRICT

DUE MARCH 16, 2018