

JOSEPH DEJAMES SCHOLARSHIP APPLICATION

Date: _____

Applicant Name _____ SS# _____

Address _____

City/Town _____ State _____ Zip Code _____

Phone _____

Parent's Name _____ Detention Facility _____

Facility Phone _____ Facility Administrator _____

APPLICANT'S INFORMATION:

School Attending: _____ Year _____

Major/Trade _____ Full/Part time _____

Personal History _____

Please attach your 500-1000 word essay detailing why you should be considered for the scholarship. Mail to: The Joseph De James Memorial Scholarship
C/O BCJDC
P.O. Box 6000
Mount Holly, NJ 08060

NOTE: Application Deadline April 1, 2009

Rev: 01/09