

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 DeJames Memorial Scholarship
C/O Ocean County Dept. of Juvenile Services
PO Box 2191
Toms River, NJ 08754
Fax: 732-349-8563

NOTE: Application deadline is July 31, 2017 and applicant must anticipate graduating high school this year. The scholarship check will be made payable to the educational program you will be attending.