



# Scholarship Application

## 2024

Name (Print): \_\_\_\_\_ College Major: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Years in FBLA: \_\_\_\_\_

High School Extra & Co-Curricular Activities

Number of Years

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Scholarship Eligibility: Must have a minimum of three (3) years in the High School FBLA. Must have attended & participated in a minimum of two (2) Pequannock Chamber of Commerce meetings senior year. Must have assisted with the Pequannock Annual Street Festival at the Chamber of Commerce Booth.*

\_\_\_\_\_  
Student Applicant Signature

\_\_\_\_\_  
FBLA Advisor Signature

\_\_\_\_\_  
Date