



Scholarship Application

2025

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