



New Jersey School Buildings & Grounds Association

Timothy McFerren, President
Jason Lehmann, Vice President
Jeffrey Schofield, Secretary
Sani Umar, Treasurer

2025-2026 NJSBGA Scholarship Program Application

The New Jersey School Buildings and Grounds Association seeks to assist students who will continue their education by offering scholarships to high school seniors in search of an Associate, Bachelor degree or Trade School. For 2026, a total of 20, \$1,000 scholarships will be awarded. Winners will be celebrated at the NJSBGA Annual Scholarship Luncheon on Tuesday May 19th, 2026. The scholarship payment will be made directly to the recipient at the Scholarship Luncheon. Individuals interested in being considered must complete all application materials listed below and submit all required documents by the submission deadline. All applications must be emailed no later than Monday March 16th, 2026.

NJSBGA Scholarship Program Application Packet

- ❖ **Applicant's Information**
- ❖ **Official High School Transcript and SAT/ACT Scores**
College Choice and Degree/Career Path
- ❖ **Extracurricular Activities, Volunteer/Work**
Honors, Awards, or Recognitions
- ❖ **NJSBGA Essay**

Two (2) letters of recommendation, from an administrator, counselor, teacher, employer, or clergy; **must accompany** your application, attesting to your character and deserving candidacy.

All applications and attachments are to be paper clipped together (no staples please).
Scholarship Committee Application Evaluation Tool = 100 points

Financial need	25 points
SAT/ACT composite scores	20 points
Transcript; Grade Point Average	10 points
Curriculum Load	10 points
Honors, Awards, Recognitions, Activities, Sports, Work, Volunteer	10 points
Essay	25 points

E-Mail to the NJSBGA-Scholarship Chair
Jason D Lehmann; CEFM
Facilities Director
Barrington Board of Education
311 Reading Ave Barrington, NJ 08007
jlehmann@Barringtonschools.net



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2026 NJSBGA SCHOLARSHIP PROGRAM APPLICATION

Name _____ Date _____

Address _____ Phone _____

(Town, State, Zip Code) _____

E-mail address: _____

Father's (Male Guardian) Name: _____ Occupation: _____

Place of employment (Workplace): _____

Mother's (Female Guardian) Name: _____ Occupation: _____

Place of employment (Workplace): _____

Are you a child of an NJSBGA State or Local Chapter Officer, Board Member, Member, or Representative?

___ YES ___ NO

If YES, please provide the name and position: _____

Financial Need: - Please indicate your family's adjusted gross income from their last filed tax return:

Under \$15,000 _____	\$45,000 to \$60,000 _____
\$15,000 to \$20,000 _____	\$60,000 to \$75,000 _____
\$20,000 to \$25,000 _____	\$75,000 to \$90,000 _____
\$25,000 to \$35,000 _____	\$90,000 to \$105,000 _____
\$35,000 to \$45,000 _____	\$105,000 to \$120,000 _____
Over \$120,000 _____	

Total number of family members living at home: _____

Number of dependent children at home: _____ Ages: _____

Number of dependents attending college/post-secondary, including yourself: _____

Other financial considerations, which need to be noted:

Student Signature _____ **Date** _____

Parent/Guardian Signature (if under 18 years of age)



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Please request your school Principal, Counselor, or Admissions Office provide the information requested in Parts I, II, and III.

APPLICANT'S NAME: _____

Name of High School: _____

Town: _____ NJ County: _____ Zip Code: _____

I. CUMULATIVE HIGH SCHOOL GRADE POINT AVERAGE: _____
(GPA based on a 4.0 point system-inclusive of spring of 2025 grades.)

If other than a 4.0 GPA system is used, indicate 4.0 equivalency or point system.

(Copy of official transcript from high school must be included with application)

COLLEGE ENTRANCE EXAMINATION SCORE: (one must be completed)

ACT _____ SAT _____

(Copy of official scores must be included with application)

II. Date of High School Scholarship, Awards, or Recognition Ceremony:

School Ceremony Contact Information:

Name/Title _____

Phone Number: _____

Email: _____

III. Two (2) Letters of Recommendation attesting to the applicant's character and deserving candidate from an Administrator, Counselor, Teacher, Employer, or Clergy.

Signature – Principal – Counselor – Admissions Officer

Title

Printed Name

Date

IV. COLLEGE CHOICE (To be completed by Applicant):

College(s) to which you have applied (list in preference):

Yearly Cost:

1. _____
2. _____
3. _____
4. _____
5. _____

- \$ _____
- \$ _____
- \$ _____
- \$ _____
- \$ _____

Anticipated Degree/Career Path: _____



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V. EXTRA CURRICULAR ACTIVITIES, VOLUNTEER/WORK

(May attach additional sheet or student resume)

A. Athletics/Sports:

B. Business/Leadership:

C. Arts/Music/Drama:

D. Humanitarian/Social:

E. Religious:

F. Work Experience:

G. ADDITIONAL HONORS, AWARDS, RECOGNITIONS
