SEASIDE HEIGHTS EDUCATION ASSOCIATION
PHILANTHROPIC FUND, INC.
2026 – 2027
Scholarship Information

NAME:	Seaside Heights Education Association Philanthropic Fund, Inc.
ADDRESS:	Hugh J. Boyd, Jr. Elementary School 1200 Bay Boulevard Seaside Heights, New Jersey 08751
PHONE:	(732) 793-8485 Ext. 113
COMMITTEE CHAIRPERSON:	Kelsey Culley
SCHOLARSHIP TITLE:	Seaside Heights Education Association Philanthropic Fund
AMOUNT OF SCHOLARSHIP:	$500.00
METHOD OF DISBURSEMENT:	Upon receipt of acceptance letter from institution, copy of paid tuition bill, and copy of semester grades, check will be dispersed in the name of recipient and parent/guardian (dual signature).
CRITERIA:	1. No financial need is necessary to apply for scholarship. 2. Must be a graduate of Hugh J. Boyd, Jr. Elementary School, and a graduating senior of current high school. 3. Must be accepted in any post-secondary institution.
PROCESS:	All applications and copies of high school transcripts should be given to the High School Guidance Counselor and forwarded to the SHEA Scholarship Committee for review by April 9, 2027.

SCHOLARSHIP APPLICATION 2026-2027
SEASIDE HEIGHTS EDUCATION ASSOCIATION
PHILANTHROPIC FUND, INC.
Hugh J. Boyd, Jr. Elementary School, Seaside Heights, New Jersey

PERSONAL INFORMATION:

Name: _____

Address: _____

_____

Home Telephone: _____ Sex: _____

Age: _____ Date of Birth: _____

High School Name and Address: _____

_____

Grade Point Average/Class Ranking: _____

SECONDARY INFORMATION:

Name of school you plan to attend: _____

_____

Location: _____

Course of Study in which you have enrolled or plan to pursue: _____

Please include a copy of your high school transcript with this application.

CRITERIA:

1. No financial need is necessary to apply for scholarship.

2. Must be a graduate of Hugh J. Boyd, Jr. Elementary School, and a graduating senior of current high school.

3. Must be accepted in any post-secondary institution.

I understand that I must return any money I receive to the Seaside Heights Education Association Philanthropic Fund, Inc. if I do not attend school.

_____ _____

Signature of Student/Date Signature of Parent/Guardian/Date