

JAMES AND PAULINE HACKBARTH FOUNDATION
SCHOLARSHIP APPLICATION
CLASS of 2021

GENERAL INFORMATION

Name of Applicant (Last, First, M.I.)	Date of Birth	
Street Address	City	State
Phone Number	E-Mail Address	
High School	Name/Phone Number of Guidance Counselor	

1. Four scholarships of \$5000 each.
2. Residence - Candidate must reside within the town of Maywood, N.J.
3. Educational Requirements - A senior candidate at any public or private secondary school. A transcript will be required which shows most recent class ranking, scores obtained on either the SAT or ACT exam and a written recommendation from a teacher or guidance counselor.
4. Community Service and Extracurricular Activities- The involvement of the student in both community and school service activities will be a major factor in assessing applicants.

To help with the committee's decision process the Foundation has assigned the following weights:

- 20% education performance
- 30% community service and extracurricular activities
- 30% leadership qualities
- 20% essay

5. Directions - Complete each of the sections of this application. Except where indicated, all responses must appear on this application form. Do not respond by writing "see attached" and appending the response. Limit your responses to the space provided. A typed response is preferred. You may type or compute generate your response and tape or paste it to the appropriate page. Do not staple. Text must be sufficiently dark to be duplicated. Application forms are available from your school, the Maywood Public Library, or the Maywood Public Library website. Attach one letter of reference from a teacher or guidance counselor. Attach one additional letter from a coach, activity advisor, or community service supervisor attesting to your dedication and accomplishments. Attach one page containing your approximate 300 word essay. The topic is: Has the Covid-19 pandemic changed your future plans and lifetime goals? Explain why or why not.

JAMES AND PAULINE HACKBARTH FOUNDATION
SCHOLARSHIP APPLICATION

Applicant:

Name of Applicant (Last, First, M.I.) Date of Birth

Street Address City State Phone Number

High School Name/Phone Number of Guidance Counselor

e-mail address

1. Expected Graduation Date _____ Rank in Graduating Class _____

Number of Students in Class _____

2. Honors and Awards (list chronologically):

3. Participation in extracurricular activities, class and school organizations (offices held, awards, etc. - list chronologically):

4. Personal and Community activities (include employment - list chronologically):

5. Miscellaneous- special interests, hobbies, identify here any academic interests you are thinking of pursuing in college and why:

6. Describe any formal or informal training you have had in your chosen area of interest. Describe your experiences and accomplishments:

7. Describe your most challenging leadership role and what you have learned from the experience:

8. Explain reasons for applying for this scholarship and any circumstances which the committee should take into consideration when reviewing your application:

9. List all schools to which you have received acceptance:

10. Name the college or school you will be attending next year:

11. Have you received any scholarships? If so, indicate name and amount:

12. How did you learn about the Hackbarth Foundation Scholarship?

13. In your opinion, what could be done to encourage more students to apply for the Hackbarth Scholarship?

JAMES AND PAULINE HACKBARTH FOUNDATION
SCHOLARSHIP APPLICATION

Please attach to this application in the following order:

1. SAT or ACT Results
2. Most recent transcript showing all high school grades to date
3. Letter of reference from a teacher or guidance counselor
4. Recommendation letter from coach, activity advisor, or community service supervisor
5. One page essay of approximately 300 words.

Do not delay filing of application to await transcript. Transcript may be sent under separate cover.

I hereby certify that the foregoing information is true to the best of my knowledge. I understand that any willful misrepresentation of any fact may disqualify me from consideration.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Please return completed application and attachments to:

Rotary Club of Maywood
Ed Torres, Chairman Scholarship Committee
PO Box 933
Maywood, NJ 07607