

January 14, 2017

Dear School Administrator or Principal:

Re: 2017/2018 Scholarship Application

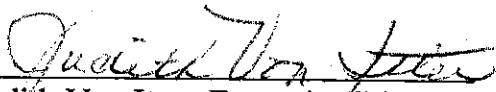
We enclose the Scholarship Application form for your processing.

The Emla Rimelspacher Scholarship Fund will grant awards only to applicants attending elementary school and will assist that child through graduation from high school if the child continues to meet the academic and financial criteria and the awards continue uninterrupted through high school. An award must have been granted in 2016.

We will accept applications for processing received May 1st through June 15th. Applications postmarked after June 15th will not be accepted. Please make certain the Post Office stamps the envelope the date it is presented. **The current report card through the 3rd semester or marking period is to be submitted with the application along with the \$15.00 application fee per family and the W-2 or other proof of income or assistance.**

We would appreciate your assistance in guiding the parents through the application process. As the funds available for awards are limited, please provide the application only to those truly in need of assistance. Please include your comments to assist us in this processing. Please contact me if you have any questions.

Cordially,


Judith Von Itter, Executive Director

Encl.

We would also request that the parent include a self-addressed, stamped envelope for the prompt return of our reply letter.

EMLA RIMELSPACHER SCHOLARSHIP FUND
P. O. BOX 1243
DENVERVILLE, NEW JERSEY 07834
(973) 627-0892
fax (973) 627-8423

MAXIMUM AWARD \$600.00

SCHOLARSHIP PROGRAM

THE EMLA RIMELSPACHER SCHOLARSHIP FUND PROGRAM PROVIDES GRANTS TO DESERVING STUDENTS TO HELP THEM MEET THE COSTS OF EDUCATION.

ELIGIBILITY: FUNDS ARE GIVEN FOR STUDENTS ATTENDING KINDERGARTEN THROUGH 8TH GRADE, AND WILL CONTINUE THROUGH HIGH SCHOOL IF THE AWARDS ARE GRANTED EACH SUCCEEDING YEAR WITHOUT INTERRUPTION. ELIGIBILITY ENDS WHEN THE STUDENT GRADUATES GRAMMAR SCHOOL, OR HIGH SCHOOL IF THE AWARDS CONTINUE, OR IF THE STUDENT'S GRADE FALLS BELOW A PASSING AVERAGE.

DEADLINES: MAY 1 TO JUNE 15, BASIC APPLICATION IS DUE. RETURN ONE FULL APPLICATION TO EMLA RIMELSPACHER SCHOLARSHIP FUND, INC., P. O. BOX 1243, DENVERVILLE, NEW JERSEY 07834, FOR EACH APPLICANT.

COMPLETE APPLICATION CAREFULLY AND FULLY: INCLUDE SCHOOL RECORDS FOR CURRENT YEAR TO DATE, PARENT'S W-2 FORM, PROOF OF SOCIAL SECURITY/DISABILITY TOTAL YEARLY INCOME FROM ALL SOURCES, MUST BE ATTACHED TO THE APPLICATION.

APPLICATION DEADLINE: JUNE 15. NO APPLICATION WILL BE GIVEN CONSIDERATION AFTER THE JUNE 15 DEADLINE. THIS DEADLINE IS ABSOLUTE.

APPLICATION FEE: AN APPLICATION FEE OF \$15.00 PER APPLICANT, OR \$15.00 PER FAMILY IF MORE THAN ONE APPLICATION IS SUBMITTED, MUST ACCOMPANY EACH APPLICATION FOR IT TO BE CONSIDERED.

NO APPLICATION WILL BE CONSIDERED UNLESS IT IS ON TIME, FULLY SIGNED, AND FULLY COMPLETED, AND ALL SUPPORTING PAPERS ARE RECEIVED BY THE DEADLINE INDICATED.

ALL APPLICATIONS MUST BE REVIEWED AND SIGNED BY THE PRINCIPAL OR INDIVIDUAL APPOINTED BY THE PRINCIPAL IN ORDER TO BE CONSIDERED COMPLETE.

THE SCHOLARSHIP COMMITTEE

PLEASE PRINT OR TYPE

\$15.00 application fee received _____

Parents' W-2 received _____

Current report card received _____

Signed by child, parent and school _____

STUDENT LAST NAME

FIRST NAME

SOCIAL SECURITY # HOME PHONE #

MAILING ADDRESS: STREET # OR P.O. BOX, ZIP CODE

DATE OF BIRTH

School attending in September
GRAMMER SCHOOL GRADE
HIGH SCHOOL GRADE
IF AWARD GRANTED IN 8TH GRADE AND
ELIGIBILITY CONTINUES

NAME OF SCHOOL

ADDRESS OF SCHOOL

PRINCIPAL/DEAN OF SCHOOL

SCHOOL PHONE #

DEGREE SOUGHT (College)

PARENT/GUARDIAN NAME

HOME PHONE # OF PARENT/GUARDIAN

PARENT/GUARDIAN ADDRESS

MARITAL STATUS OF PARENT/GUARDIAN

OFFICE PHONE # PARENT/GUARDIAN

MARRIED _____ SINGLE _____ SEPARATED _____ DIVORCED _____ WIDOWED _____

AMOUNT OF SPOUSAL SUPPORT IF DIVORCED OR SEPARATED:

WAS STUDENT ASKED TO WITHDRAW FROM ANY SCHOOLS: YES _____ NO _____

REASON: ACADEMIC _____ DISCIPLINARY _____ OTHER _____

SPECIFY REASON:

NUMBER OF PREVIOUS YEARS SCHOLARSHIP MONIES RECEIVED FROM THE RIMELSPACHER FUND

DOES STUDENT HAVE ANY PHYSICAL DISABILITY WHICH SHOULD BE BROUGHT TO THE ATTENTION OF THE SCHOLARSHIP COMMITTEE: YES _____ NO _____

NATURE OF DISABILITY

AMOUNT OF TUITION FOR SCHOOL YEAR

AMOUNT OF SCHOLARSHIP MONIES FROM OTHER SOURCES

NAME OF SOURCE:

HAVE YOU ANSWERED ALL OF THE ABOVE QUESTIONS? NON-COMPLIANCE WILL VOID APPLICATION.

PLEASE PRINT OR TYPE

TO BE FILLED IN BY PARENT/GUARDIAN:

TOTAL INCOME -- ATTACH COPY OF W-2 FORMS FOR YEAR

HUSBAND \$
WIFE \$
OTHER \$
(Rents, Interest, etc.)
TOTAL FAMILY INCOME \$

NUMBER OF DEPENDENT CHILDREN: (NAMES & AGES)

AMOUNT OF TUITION FOR ALL DEPENDENT CHILDREN TO BE PAID IN CURRENT YEAR:

DWELLING: OWN RENT SINGLE FAMILY MULTIPLE FAMILY

AMOUNT OF RENT: \$
IF OWNED, AMT. OF MORTGAGE: \$
IF OWNED, AMT. OF TAXES: \$

ASSET INFORMATION:

CASH & CHECKING ACCOUNTS: \$
ASSESSED VALUE OF PROPERTY: \$
OTHER ASSETS: \$

HOW MUCH OF THE YEARLY TUITION CAN PARENT/GUARDIAN OR STUDENT CONTRIBUTE:

ALL APPLICATIONS MUST BE REVIEWED AND SIGNED BY THE PRINCIPAL OR INDIVIDUAL APPOINTED BY THE PRINCIPAL.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION ABOVE IS CORRECT AND THAT FALSIFICATION OF INFORMATION MAY SUBJECT ME TO REJECTION OF ANY SCHOLARSHIP FUNDS. (ALL SIGNATURES REQUIRED)

APPLICANT'S SIGNATURE DATE PARENT/GUARDIAN'S SIGNATURE

PRINCIPAL'S SIGNATURE DATE

SEND COMPLETE APPLICATION TO:

EXECUTIVE DIRECTOR
EMLA RIMELSPACHER SCHOLARSHIP FUND, INC.
P. O. BOX 1243, DENVILLE, NEW JERSEY 07834

DO NOT SEND APPLICATION PRIOR TO MAY 1 OF ANY YEAR.

NOTICE TO STUDENT, PARENT/GUARDIAN & PRINCIPAL: NO APPLICATION WILL BE CONSIDERED UNLESS THEY ARE ON TIME, FULLY COMPLETED, SIGNED BY STUDENT, PARENT/GUARDIAN & PRINCIPAL, GRADES ATTACHED, W-2 FORMS ATTACHED.

SCHOLARSHIP FUND COMMITTEE USE ONLY

SCHOOL RECORD RECEIVED: _____

W-2 FORMS RECEIVED: _____

APPLICATION SIGNED: _____

APPLICATION FULLY COMPLETED: _____

FOLLOW UP: _____

FINAL ACTION:

SCHOLARSHIP MONEY GRANTED: _____ DENIED: _____
AMOUNT: _____ REASON DENIED: _____

If you wish, please indicate below special needs or circumstances of the child or family which make financial assistance necessary.

Parents / Guardian:

School Official: