



BRICK MEMORIAL FOOTBALL & CHEER ASSOCIATION

PO BOX 532 BRICK, NJ

08724-0146

www.brickmustangs.org

TO: THE SENIOR CLASS OF 2016

RE: LESLIE THIELE SCHOLARSHIP

ANY SENIOR WHO WAS A PARTICIPANT IN THE BRICK MEMORIAL FOOTBALL & CHEER ASSOCIATION IS ELIGIBLE TO APPLY FOR THE LESLIE THIELE SCHOLARSHIP.

PLEASE COMPLETE THIS APPLICATION AND RETURN IT TO STUDENT SERVICES BY APRIL 30, 2016. STUDENT SERVICES WILL THEN ATTACH AN OFFICIAL TRANSCRIPT TO THE APPLICATION AND FORWARD THE APPLICATION TO US (BMF&CA) FOR REVIEW.

THE SCHOLARSHIP COMMITTEE WILL REVIEW ALL APPLICATIONS AND NOTIFY YOU OF OUR DECISION BY JUNE.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ED KENMURE AT ewk3@live.com or TED DIGUILMI @ td208@aol.com.

LESLIE THIELE SCHOLARSHIP APPLICATION PRESENTED BY THE BRICK MEMORIAL FOOTBALL & CHEER ASSOCIATION

Information Provided Will Be Kept Strictly Confidential

Applicant's Name _____

Telephone # _____ Grade _____

Teacher _____

Address _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Guardian's Name _____ Occupation _____

Brothers and Sisters	Age	Occupation/Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many years did you participate in Brick Memorial Football & Cheer Association: _____ What do you feel you gained by being a member of the Mustang organization?

Father's approximate gross income for 2015 _____

Mother's approximate gross income for 2015 _____

Guardian's approximate gross income for 2015 _____

Total number of persons dependent upon family income _____

Is there any financial difficulty in your family due to unusual circumstances? If so, please explain:

School Information:

What College, Technical or Business School do you plan to attend and why?

Have you been accepted? _____ What is your intended major? _____ **Expenses:**

Tuition _____ Room and Board _____ Fees _____

Book and Supplies _____ Transportation _____ TOTAL COSTS _____

Parent's contribution towards college expenses _____

Personal Savings toward college expenses _____

Financial Aid received _____

College Grants _____

Please list any school activities, awards, community service and work experience you have that pertains to each grade:

9th _____

10th _____

11th _____

12th _____

Certification:

I have completed the information in this application and state all information I have provided is true. Permission is granted to release High School transcripts to the Scholarship Committee.

Applicant Signature Date

Parent / Guardian Signature Guidance Counselor's Signature

PLEASE BRING COMPLETED APPLICATION TO STUDENT SERVICES; THE SCHOOL OFFICE WILL ATTACH YOUR OFFICIAL TRANSCRIPT TO THE APPLICATION AND SUBMIT TO OUR COMMITTEE ON YOUR BEHALF.

DEADLINE IS APRIL 30, 2016