

# NEW JERSEY PRESS FOUNDATION

840 Bear Tavern Road, Suite 305 • West Trenton, NJ 08628-1019 • 609-406-0600 • fax 609-406-0300 • foundation@njpa.org • www.njpressfoundation.org

## Isaac Roth Newspaper Carrier Scholarship

### Adult Carrier Application

Deadline: March 30, 2012

#### Personal Information

Name \_\_\_\_\_  
Social Security number (*optional*) \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

#### Newspaper Information

Newspaper you work for \_\_\_\_\_  
Date started working as a carrier at this paper \_\_\_\_\_  
Number of months as a carrier on your current route \_\_\_\_\_  
Number of customers on your current route \_\_\_\_\_  
Primary supervisor in the circulation department \_\_\_\_\_  
Supervisor's phone \_\_\_\_\_

#### Academic Information

College \_\_\_\_\_  
College city \_\_\_\_\_ State \_\_\_\_\_  
Expected year of graduation from college \_\_\_\_\_  
Semester and year began college studies \_\_\_\_\_  
Class rank (*if known*) \_\_\_\_\_ Current grade point average \_\_\_\_\_  
Anticipated size of your graduating class (*if known*) \_\_\_\_\_

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### Activities, Honors and Talents *(You may attach additional pages if you need more space.)*

Extracurricular activities in which you actively participate \_\_\_\_\_

Community activities in which you actively participate *(organizations, clubs, etc.)* \_\_\_\_\_

Honors and recognition for outstanding achievements you have received \_\_\_\_\_

Special talents *(scholastic, artistic, athletic, etc.)* \_\_\_\_\_

### Statement and Permission

I have read all of the information about New Jersey Press Association's Isaac Roth Newspaper Carrier Scholarship program. All of the information I have given in this application and the other required materials is true. If selected, I agree to provide New Jersey Press Foundation with my Social Security number and my official grade transcript (if not submitted with this application). I agree that, if selected, New Jersey Press Foundation may use my statements and likeness in its promotional literature, in print and on the Internet.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Required for a Complete Application

Please carefully read the information below and send your entire application by Friday, March 30, 2012, to: **New Jersey Press Foundation, 840 Bear Tavern Road, Suite 305, West Trenton, NJ 08628-1019**

- **The application form**, complete with all information requested.
- **An essay of 150 words**, written by the carrier, answering these two questions:
  1. How has the content of your newspaper improved your school work and enhanced the personal lives of you and your family?
  2. Why do you like being a carrier?
- **Route Performance Questionnaire**, completed and submitted by the newspaper's circulation director or a district manager.
- **Transcript of your college courses and grades**. A typed list is permitted, but winners will be required to submit official transcripts.
- Up to five **letters of recommendation** from route customers and others who know you well are encouraged.