

NEW JERSEY PRESS FOUNDATION

840 Bear Tavern Road, Suite 305; West Trenton, NJ 08628-1019
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Isaac Roth Newspaper Carrier Scholarship Program

Application Deadline: April 30, 2009

Adult Carrier Application Form

Personal Information about the Applicant

Scholarship Applicant's Name: _____

Social Security Number (optional): _____ Birth Date: _____

Home Address: _____

City: _____ State: N.J. ZIP: _____

Home Phone: _____ E-Mail: _____

Newspaper Carrier's Experience

Newspaper the Applicant Works For: _____

What is the date you started to work for the newspaper as a carrier? _____

Number of months you have delivered papers on your current route: _____

Number of customers on your current route: _____

Primary supervisor in the circulation department: _____

Supervisor's Phone: _____

Applicant's Academic Information

Name of college: _____

Address of college: _____

Expected year of graduation from college: _____

When did you begin your college studies (enter the semester and year) ? _____

What is your class rank (if known)? _____ What is your current grade point average? _____

What is the size of your expected graduating class (if known)? _____

Please turn page

Applicant's Activities, Honors and Talents

(attach additional information as needed)

School activities (list your extracurricular activities)

Community activities (organizations, clubs, etc. you actively participate in)

Honors and Achievements (list the outstanding achievements or honors you have received)

Special Talents (describe any special scholastic, artistic or athletic talents you have)

Scholarship Applicant's Statement

I have read all of the information about the New Jersey Press Foundation's Isaac Roth Newspaper Carrier Scholarship Program. All of the information I have given on this application and the other required materials is true. If selected, I agree to provide the New Jersey Press Foundation with my Social Security number and my official grade transcript (if not submitted by the deadline).

I agree that the New Jersey Press Foundation can use my statements and likeness in its promotional literature, both printed and on the Internet.

Newspaper Carrier's Signature _____

Date This Application Submitted: _____

Checklist to Submit a Complete Application

Please carefully read the information below and send the following parts of your application postmarked before April 30, 2009, to:

NJPF, 840 Bear Tavern Road, Suite 305, West Trenton, NJ 08628-1019.

- The application form itself.
- An essay of 150 words, **written by the carrier**, answering these two questions:
 1. How has the content of your newspaper improved the your school work and enhanced the personal lives of you and your family?
 2. Why do you like being a carrier?
- A Route Performance Questionnaire completed and returned by the newspaper's Circulation Director or District Manager.
- Transcript of the scholarship applicant's college courses and grades (a typed list of courses and grades is permitted, but winners will be required to submit official transcripts).
- Up to five letters of recommendation from the carrier's route customers and others are welcomed and encouraged.