



# BRIDGEMEN ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Sponsor \_\_\_\_\_

(This person must be a currently paid member of the Alumni Association)

High School \_\_\_\_\_

Curriculum \_\_\_\_\_

Extra Curricular Activities \_\_\_\_\_

College planning to attend \_\_\_\_\_

Immediate family \_\_\_\_\_

(Who do you live with?)

Parents' occupation \_\_\_\_\_

Other interests \_\_\_\_\_

(Hobbies, Clubs, Sports, Organizations, etc.)

Applicant's signature \_\_\_\_\_

Sponsor's signature \_\_\_\_\_

*Please mail the completed form, along with your High School transcript and essay, to:*

**The Bridgemen Alumni Association Scholarship**

P.O. Box 4263

Bayonne, NJ 07022