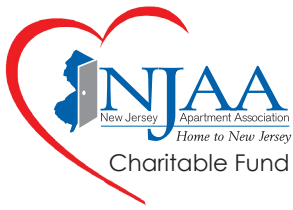


SCHOLARSHIPS NOW AVAILABLE!

The NJAA Charitable Fund, Inc. is pleased to announce that it is awarding up to **four (4) scholarships valued at \$1,500 each** to employees of NJAA member companies and their immediate families and residents of NJAA member properties. Two scholarships will be awarded to applicants from member companies and two will be awarded to residents of NJAA member properties.

Applications must be received by February 20, 2012 and will be awarded for the 2012-2013 academic year. Please see the following pages for additional scholarship guidelines, eligibility requirements and the application form.

Selection of scholarship recipients will be made by Scholarship Management Services. Neither the NJAA nor the NJAA Charitable Fund have any role or input in the selection process and will not review the applications.



NJAA Charitable Fund Scholarship Program

THE PROGRAM

The NJAA Charitable Fund has established a scholarship program to assist NJAA and NJAA member firm employees, employees' dependent children and residents of NJAA member housing who plan to continue their education in college or vocational school programs. Scholarships are offered each year for study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship Management Services®, a division of Scholarship America®. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability or national origin.

ELIGIBILITY

Applicants must meet **all** of the following criteria:

- Be one of the following:
 1. a full-time employee of NJAA or a NJAA member firm, in good standing, with a minimum of one year of employment with the respective company as of April 1 of the scholarship award year, **or**
 2. a dependent* child, age 26 and under, of a full-time employee of NJAA or a NJAA member firm. Employees of NJAA and employees of NJAA member firms must have a minimum of one year of employment with the respective company as of April 1 of the scholarship award year, **or**
 3. a resident of NJAA member housing as of the date of the application who is also in good standing as of the date of the award. (*Note: only the first 500 applications received in this category will be accepted.*)
- **Dependent children are children who qualify for benefits provided by the company.*
- High school seniors or graduates or current postsecondary undergraduates
- Planning to enroll in part-time** or full-time undergraduate study at an accredited two-year or four-year college, university or vocational-technical school for the entire 2012-2013 academic year.
 - ***Employees of NJAA or NJAA member firms may attend part-time (six credits per term or the equivalent). Children of employees and residents must attend full-time (12 credits per term or the equivalent).*
- New Jersey resident

AWARDS

If selected as a recipient, the student will receive a \$1,500 award. Up to four (4) awards will be granted each year. Provided there are qualified applicants, two (2) awards will be granted to employees and/or children of employees and two (2) awards to residents. If there are not enough qualified applicants in either of the groups, awards may be given to the other group. The program will be administered in full compliance with IRS Revenue Procedure 76-47.

Awards are not renewable, but students may reapply to the program each year they meet eligibility requirements.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the application and mail it along with a current, complete transcript of grades to Scholarship Management Services postmarked no later than **February 20**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship Management Services to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Instructions for completing the Financial Data section of the application are included. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship Management Services.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal. Financial need as calculated by Scholarship Management Services must be demonstrated for the student to receive an award.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of The NJAA Charitable Fund play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified in April. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

PAYMENT OF SCHOLARSHIPS

Scholarship Management Services processes scholarship payments on behalf of The NJAA Charitable Fund. Payment is made in one installment on August 15. A check is mailed to each recipient's home address and is made payable to the school for the student.

OBLIGATIONS

Recipients have no obligation to The NJAA Charitable Fund. They are, however, required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

REVISIONS

The NJAA Charitable Fund reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

NJAA Charitable Fund Scholarship Program

Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Telephone: (507) 931-1682

Administered by

**Scholarship
Management
Services®**

A Division of Scholarship America®

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the applicant if the applicant is independent **or** by the applicant's parents/guardians if the applicant is a dependent. Independent is defined as one who is **not** claimed as a dependent by the parent/guardian for tax purposes. Information should be from a completed tax return filed with the IRS.

1. **State of residence** is the state where the independent applicant and/or parents reside and pay state income tax.
2. **Adjusted gross income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total federal tax paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total income** should be reported by the applicant if independent or reported individually for each parent if applicant is a dependent student. If applying as a dependent student, provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the NJAA or NJAA member firm employee **and** from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed income and benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and dental expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total cash, checking, savings, cash value of stocks, etc.,** include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total number of family members living in the household** and primarily supported by the reported income may include:
 - the applicant
 - the applicant's parents (or spouse if student is independent)
 - other children living in the household
 - dependent college students living away from home
 - other people who live in the household and receive more than half of their support from the reported income.Independent students should only report those individuals who are supported by the reported income.
9. **Marital status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.



NJAA Charitable Fund Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline February 20

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Telephone (_____) _____ Email Address _____
 Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

I am a dependent child of a NJAA employee or dependent child of a NJAA member firm employee (Employee Data Required)
 a NJAA employee or NJAA member firm employee (Employee Data Required)
 a resident of NJAA member housing - if applicant is a resident of NJAA member housing, provide name of the NJAA Property _____

Property Manager's Name _____ Leasing Office Phone _____

NJAA or NJAA MEMBER FIRM EMPLOYEE DATA

Employee Last Name _____ First _____ Middle Initial _____
 Employed by NJAA NJAA Member Firm Member Firm Name (if applicable) _____
 Property Name (if applicable) _____ Work Location City _____ State _____
 Hire Date: Month _____ Day _____ Year _____ Social Security # _____ Relationship to Applicant _____
 Email Address _____ Phone (_____) _____

EDUCATIONAL HISTORY AND PLANS

Name of high school you attended _____ City _____ State _____
 High school Graduation Date: Month _____ Year _____ **OR** Date Received GED Month _____ Year _____

Name of postsecondary school **you plan to attend in 2012-13**. Use official school name. Do not use abbreviations.

School: _____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____

Major or course of study: _____ Expected graduation date: Month _____ Year _____

Level/year in college **next year**: 1 2 3 4 5 Other, explain _____

Enrollment status: Part-time Full-time Degree sought: Bachelor's Associate Certificate Other _____

Applicant will pay: in-state resident tuition out-of-state tuition not applicable Student will live: on campus off campus

List **all** postsecondary schools you **previously** attended (if any). Use official school name. Do not use abbreviations.

School: _____ City _____ State _____

Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____

Full Name on transcript, if different from applicant's current name above _____

School: _____ City _____ State _____

Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____

Full Name on transcript, if different from applicant's current name above _____

(If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format.)

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your paid work experience during the **past four years** (e.g., office work, professional work; if stay at home parent, please indicate). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/ Position	From - Mo/Yr	To - Mo/Yr	Hours per week	Were you paid?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

ACTIVITIES, OFFICES, AWARDS AND HONORS

List school, community service and volunteer activities in which you have participated without pay during the **past four years** (e.g., hospital or hospice volunteer, charity fundraiser, committee member, religious instructor). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS STATEMENT

Make a brief statement or summary of your plans as they relate to your educational and career objectives and goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

If you are independent, information about you and your spouse (if applicable) should be provided. If you are a dependent student, please have your parent/guardian complete this section. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

I am an independent student. The data below represents my finances.

I am a dependent student. The data below represents my parents' finances.

- | | | | |
|---|----------|--|----------|
| 1. State of Residence | _____ | 6. Medical and Dental Expenses not paid by insurance (exclude premiums) | \$ _____ |
| 2. Adjusted Gross Income (FORM 1040) | \$ _____ | 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ | _____ |
| 3. Total Federal Tax Paid (FORM 1040) | \$ _____ | (Not the amount withheld from paychecks) | |
| 4. Total Income of Father (Self) | \$ _____ | 8. Total number of family members living in the household and primarily supported by the reported income ...# | _____ |
| Total Income of Mother (Spouse)..... | \$ _____ | 9. Marital status of parent, guardian or self: | |
| 5. Yearly Untaxed Income and Benefits: | | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single | |
| Please indicate source – | | 10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# | _____ |
| <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support | | | |
| <input type="checkbox"/> Other | \$ _____ | | |

OTHER FUNDING

Please list the name and annual amount of any grants, scholarships, or tuition assistance you have been awarded for the upcoming school year only.

Name of Award: _____ School to which award will be applied: _____ Amount: \$ _____ Check One: Granted Pending

_____ \$ _____ Granted Pending

Will you receive tuition assistance or other financial assistance from your employer? Yes No
If yes, amount of assistance \$ _____ for the 2012-13 academic year.

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a counselor, advisor, an instructor, clergy or a work supervisor who knows you well.

To the Appraiser: You have been asked to provide information in support of this application. Please rate this applicant on his or her demonstration of the attributes below. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

Problem-solving and follow through	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Communication skills	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Applicants choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate	<input type="checkbox"/> no ability to judge
Community involvement	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Leadership abilities	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Character and integrity	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Initiative	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Self-discipline	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
Signature _____ Organization _____ Date _____

REQUIRED MATERIALS

- A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.
- Applicants currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.
 - Applicants who have completed less than one full term** of postsecondary education **must** include a high school transcript of grades **OR** a copy of their GED certificate and test scores.

APPLICATION CHECKLIST

The applicant is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Complete transcript(s) of grades (as specified in required materials section above)

All materials, including transcript, must be addressed to:
NJAA Charitable Fund Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline February 20, 2012

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____
Parent/Guardian Signature _____ Date _____
(required if applicant is a dependent)