

# NJFC Scholars Program EDUCATIONAL SUPPORT REQUEST

*This section must be completed for processing:*

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*All information must be complete for processing*

*Please check all that apply:*

**I am requesting:**

Room and Board (Consists of Rent or Mortgage payments)

Amount per month \$ \_\_\_\_\_

Number of months need assistance \_\_\_\_\_

Vendor Name(who check should be sent to) \_\_\_\_\_

Vendor Address \_\_\_\_\_

Vendor Phone \_\_\_\_\_

Books

Cost of Books \$ \_\_\_\_\_

Vendor Name(who check should be sent to) \_\_\_\_\_

Vendor Address \_\_\_\_\_

Vendor Phone \_\_\_\_\_

Transportation

Type of Public Transportation \_\_\_\_\_

Amount per month \$ \_\_\_\_\_

Number of months need assistance \_\_\_\_\_

Vendor Name(who check should be sent to) \_\_\_\_\_

Vendor Address \_\_\_\_\_

Vendor Phone \_\_\_\_\_

Computer (Desktop from Dell)

Other computer equipment (explain) \_\_\_\_\_

Child Care

Amount per month \$ \_\_\_\_\_

Number of months need assistance \_\_\_\_\_

Vendor Name(who check should be sent to) \_\_\_\_\_

Vendor Address \_\_\_\_\_

Vendor Phone \_\_\_\_\_

(Class specific equipment needed)

Explain \_\_\_\_\_

Cost of item \$ \_\_\_\_\_

Vendor Name(who check should be sent to) \_\_\_\_\_

Vendor Address \_\_\_\_\_

Vendor Phone \_\_\_\_\_

Other request(explain) \_\_\_\_\_

Please fax request and questions to 609-520-1515 (Attention: Scholarship Department). Upon receiving your request, Foster and Adoptive Family Services will be in contact. The total amount provided will be determined on a case-by-case basis. **A student's tuition need will be taken into account before providing any other educational supports.**