

Kean University Adjunct Faculty Federation
KUAFF, AFT Local 624

**2016 SCHOLARSHIP PROGRAM
FOR KUAFF SONS & DAUGHTERS
UNDERGRADUATE STUDIES**

Applicant Name (Print) _____

Mailing Address (Street) _____ (City) _____ (St.) _____ (Zip) _____

Cell Phone _____ Email _____ Home Phone _____

Name of Parent (KUAFF Member – Print) _____

Parent Address (Street) _____ (City) _____ (St.) _____ (Zip) _____

Cell Phone _____ Email _____ Home Phone _____

Length of time in KUAFF (Years) _____

Leadership/Committee roles in KUAFF [List the year(s) and the position(s)] _____

By signing this statement, I am indicating the truth for all responses.

Signature of Son/Daughter Applicant _____

Signature of Parent Applicant (KUAFF Member) _____

If you are a beginning undergraduate in Fall 2016, give the name and address of the Institution of Higher Learning that you will be attending _____

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Attach a copy of your official high school transcript, include the first semester senior year, and SAT/ACT scores for graduating high school students.

Attach a statement (500 word limit) indicating

1. Rationale for your choice of study
2. Statement of need

If you are already enrolled and have completed at least one year of full time study including both undergraduate and graduate study, give the name and address of the Institution of Higher Learning along with your major _____

Attach an official current transcript through the Fall 2015 semester.

Attach a statement (500 word limit) indicating

1. Your career goal
2. How your studies will assist you in achieving your goal
3. Statement of need