# CATHEDRAL INTERNATIONAL

*P.O. BOX 1608*

*277 Madison Avenue*

*Perth Amboy, New Jersey 08862*

**2020 - 2021 Educare Ministry**

**SCHOLARSHIP APPLICATION INSTRUCTIONS**

## Please check appropriate box: Full Time \_\_\_ Part Time\_\_\_ □ High School Student □Undergraduate Student □Graduate Student

The Educare Ministry at Cathedral International is pleased to announce the availability of scholarships for the year 2020-2021. The scholarships are awarded to those seeking **FIRST TIME ASSOCIATE, BACCALAUREATE or GRADUATE DEGREES** who have a 3.0 GPA or higher, are members of Cathedral International, show a commitment to God, participate in ministry in and outside of Cathedral International, and community service.

A limited number of scholarships will be awarded to selected applicants in the amount of $1000.00 for full-time students and $500 for part-time students. They will be based on the following criteria:

* 1. The student must be an **ACTIVE** member of Cathedral International.
  2. Although we have been virtual for a year, please provide evidence of being involved and active in a Cathedral International Ministry. Have the verification form completed by the Ministry Head for that specific ministry. In cases where he/she is away at college an **additional** essay on the history of their service and participation in ministry at college or at Cathedral International will be **required**.
  3. Proof of Community Service.
  4. The student must complete a **typed** essay based on the following topic: ***“Choose one experience you have had as a member of Cathedral International and describe how that experience has impacted you both as a Christian and a student”.***
  5. Student must have at least a **3.0 GPA** and submit an **OFFICIAL** transcript (with a raised seal) directly from the high school or college/university he/she attends. The transcript must be postmarked by the application deadline. The transcript **DOES NOT** have to accompany the application.
  6. Student must complete the attached **NJ W9 Form** to facilitate mailing of the check by the Cathedral Finance Department when you are awarded the Educare Scholarship award. The funds must be used for education purposes.
  7. Incomplete applications will **NOT** be accepted. Do NOT email your applications to Educare.

Upon completion of the application, students should place it in an envelope and mail it to the following address:

Cathedral International

Educare Ministry

P.O. Box 1608

Perth Amboy, NJ 08862

**ONLY APPLICATIONS SENT VIA US MAIL WILL BE CONSIDERED.**

**ALL APPLICATIONS MUST BE POSTMARKED BY JUNE 11, 2021.**

**Contact Info:** www.cathedralinternational.org

educare.thecathedral@gmail.com 732.826.5293

### CATHEDRAL INTERNATIONAL

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*Perth Amboy, New Jersey 08862*

### APPLICATION SUBMISSION CHECKLIST

Please note that your application packet is considered complete if ALL of the following items have been submitted and postmarked by **JUNE 11, 2021.**

|  |  |
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|  | Scholarship Application |
|  | Official School Transcript reflecting 3.0 GPA or higher |
|  | Typed Essay: *"Choose one sermon or bible study you experienced at* *Cathedral International. How has what you heard in that experience been applied to your life as a student? How will you apply it to your future?"* (No less than 500 words) |
|  | Cathedral Service Evaluation Form |
|  | Community Service Evaluation Form |
|  | **Out of State Students:** Essay, *“My History of Service and*  *Participation in Ministry at college and/or Cathedral International”* (No less than 250 words) |
|  | **W9 Form:** New Jersey W9 Form Attached |

**Please note that, for the 2020 - 2021 award year, Ministry participation or community service will be REQUIRED of ALL applicants. Acceptable forms of service include, but are not limited to, the following: mentoring, tutoring, assisting in a soup kitchen, volunteering in a nursing home or a community service organization, volunteering at the church while home on break, etc. All service must be documented, and it CANNOT be a service for which you are compensated (e.g., Work-Study, part-time job, etc.). If you have questions about fulfilling the service requirement for the 2020 - 2021 award year, or if you have questions as to whether your service is acceptable, please submit them in writing to the Educare Ministry or email them to educare.thecathedral@gmail.com**

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| |  | | --- | | **For Educare Ministry Use**  **ONLY**    Date received: \_\_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_\_\_\_\_ | | educare |

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| **2020 – 2021 SCHOLARSHIP APPLICATION**  **DEADLINE FOR POSTMARK: JUNE 11, 2021**     1. **Personal Information**     Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    City/State/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Home Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male  Female     Email Address (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Student Signature & Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     1. **Parent Information**     Parent (Guardian) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Work Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     1. **Educational Information**     Name of Institution & Address (High School Seniors, please list the name of your high school and the college you anticipate attending)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Grade Point Average\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **PLEASE NOTE: THE EDUCARE MINISTRY MUST BE NOTIFIED OF THE STUDENT’S FINAL COLLEGE/UNIVERSITY CHOICE BEFORE MONIES ARE DISTRIBUTED TO THE STUDENT.**    Check below to indicate what your enrollment status will be:   Full-time (at least 4 courses per semester: **12 credits**)   Part-time **(at least 1 course per semester)**    **IV. Church Membership & Ministry**    Are you currently a member of Cathedral International? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    If you are away in College, are you participating in Campus Ministry or attending a local church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    *Church/Ministry Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Length of time serving*\_\_\_\_\_\_\_\_\_\_\_\_\_\_    *Pastor/Campus Minister or Director*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Are your parents members and tithers of Cathedral International? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **VI. Essay**    Must be typed, Times New Roman 12pt Font, Double Spaced, and no less than 500 words on the topic:    ***“Choose one experience you have had as a member of Cathedral International and describe how that experience has impacted you both as a Christian and a student”***    **Attach the essay sheets to the application and place your name and social security number in the upper right hand corner of all attached pages.**    Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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## Cathedral Service Verification Form

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

Ministry Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministry Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministry/Church location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rank the student by circling the following areas and return this form to the student for submission with the scholarship application.

Excellent Good Average Below Poor

Average

Attitude 10 8 6 4 0

Integrity 10 8 6 4 0

Interpersonal Skills 10 8 6 4 0

Level of Involvement 10 8 6 4 0

Willingness to Serve 10 8 6 4 0

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ministry Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:****For those away in college, the following Community Service form should be completed by Campus Ministry Director, Local Pastor or representative where you are serving and attending.**

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## Community Service Evaluation Form

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

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Profit \_\_\_\_\_\_\_\_\_\_\_ For-Profit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the nature of the community service and the role that you provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approximate # of hours served: \_\_\_\_\_\_\_\_\_\_

**Program Director**: Please rank the volunteer by circling the following areas and return this form to the student for submission with the scholarship application.

Excellent Good Average Below Poor

Average

Attitude 10 8 6 4 0

Integrity 10 8 6 4 0

Interpersonal Skills 10 8 6 4 0

Level of Involvement 10 8 6 4 0

Willingness to Serve 10 8 6 4 0

Program Director’s Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PLEASE RETURN THIS APPLICATION VIA US MAIL ONLY TO THE FOLLOWING ADDRESS:    Cathedral International  P.O. Box 1608  Perth Amboy, NJ 08862  *ATTN: Educare Ministry*    **Applications must be postmarked by**  **June 11, 2021**    **REMEMBER!**  The transcript MUST be an official school document and must be forwarded to the Educare Ministry either directly from the school OR in a sealed envelope with the application postmarked by **JUNE 11, 2021**. If your school will be mailing transcripts to us directly, please inform your school that your transcripts **MUST** be received no later than **June 11th** in order to be considered for the scholarship.    Also, the attached **New Jersey W9 Form** must be completed and signed. You ONLY need to complete **Part 1** of the form.  Please ensure that your address is accurate and complete because that is where the scholarship check will be mailed.  **NOTE: All funds must be used for educational purposes.** |

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| --- | --- | --- | --- | --- | --- |
| **STATE OF NEW JERSEY**  **W-9/QUESTIONNAIRE**  THE STATE OF NEW JERSEY REQUIRES THE FOLLOWING INFORMATION TO ESTABLISH YOUR NAME, ADDRESS AND TAXPAYER ID ON STATE RECORDS. THE INFORMATION IS USED TO POPULATE AND MAINTAIN THE STATE’S VENDOR/PAYEE FILE AND MUST BE COMPLETED BEFORE PAYMENTS ARE MADE. | | | | | |
| **IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED AND**  **RETURNED. FOR ADDITIONAL INFORMATION CALL (609) 633-8183 OR EMAIL: AAIUNIT@TREAS.STATE.NJ.US** | | | | | Return completed form to:  OMB VENDOR CONTROL  PO BOX 221  TRENTON, NJ 08625 or  FAX: (609) 984-5210 |
|  | PART I. | REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION | | |
|  |
|  | 1. **Na** | **me** (as shown on your tax return): | | | |
|  | 2. **Ad** | **dress line 1**: | | | |
|  | **Ad** | **dress line 2**: | | | |
|  | 3. **Cit** | **y:**  **State**  **Zip:** | | | |
|  | If t | he above contains preprinted data that is incorrect, cross it out and write the correct information immediately next to it. | | | |
|  | 4. **Taxp** | **ayer Identification Number (TIN)** Enter your TIN below and select the type of number listed.  SOCIAL SECURITY NUMBER  EMPLOYER IDENTIFICATION NUMBER | | | |
|  | **5. Certif** | **ication: Under penalties of perjury, I certify that:** | | | |
|  | 1. The | number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and | | | |
|  | 2. I am | not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) | | | |
|  | that I am | subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to | | | |
|  | backup | withholding, and | | | |
|  | 3. I am | a U.S. citizen or other US person as defined by the IRS. | | | |
|  | **Certific** | **ation Instructions**: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of | | | |
|  | underre | ported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, acquisition or | | | |
|  | abandon | ment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest or dividends, you are not required to | | | |
|  | sign the | certification, but you must provide your correct TIN. | | | |
|  | Sign Here |  | Signature Date | | |
|  | PART II. | VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE | | | |
|  |
| 1. Enter the code from the list below that best describes your primary business function:  **VENDORS**  VG=VENDORS WHO SELL OR MANUFACTURE GOODS HC=HEALTHCARE SERVICES (NON STATE AGENCIES)  VS=VENDORS WHO RENDER SERVICE OR RECEIVE RENT PAYMENTS LG=LEGAL SERVICES  CS=CONSTRUCTION VENDORS WHO RENDER SERVICES CG=CONSTRUCTION VENDORS WHO SELL OR MANUFACTURE GOODS  **GOVERNMENT ENTITIES**  AC=AUTHORITY/COMMISSION CF=CONFIDENTIAL FUND PC=PETTY CASH SD=SCHOOL DISTRICT FA=FEDERAL AGENCY FD=FIRE DISTRICT  CM=COUNTY/MUNICIPALITY EP=NJ STATE EMPLOYEE SA=STATE AGENCY WB=WELFARE BOARD CU=STATE COLLEGE/UNIVERSITY  **OTHER VENDORS**  OT=OTHER VENDOR (PLEASE SPECIFY) | | | | | |
| 2. Primary Contact Information **(ALL FIELDS ARE REQUIRED):**    Name: \_Phone: Email:    Please check here if you are interested in receiving information about payments by direct deposit. | | | | | |
| IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONAIRE.     1. What is the principle activity of your organization?     M=MANUFACTURING H=HEALTH RELATED SERVICE C=CONSTRUCTION L=LEGAL  S=SERVICE G=GOVERNMENT O=OTHER (PLEASE SPECIFY)\_     1. Enter the code from the list below that best describes your organization     C=CORPORATION I=INDIVIDUAL P=PARTNERSHIP L= LIMITED LIABILITY COMPANY | | | | | |
|  | IMPORTANT: ANSWER ALL QUESTIONS (PRINT CLEARLY OR TYPE) | | |  | |
|  | | |

**Application for Education Grant PAGE 8**