

Calvin Alumni Association  
New Jersey/New York Chapter  
2008 Sophomore Scholarship Application

*About the Scholarship*

The New Jersey/New York Chapter of the Calvin Alumni Association is pleased to accept applications for its 2008 Chapter Scholarships. This program is provided through the contributions of area alumni and matching funds provided by the Calvin Alumni Association. Current first-year NJ/NY chapter scholarship recipients from New Jersey or the New York City metropolitan area (including Long Island) who will be sophomores at Calvin College in Fall 2008 are eligible to apply.

*Selection Criteria*

The Chapter Scholarship Committee, in conjunction with Calvin's Financial Aid office, will select the recipient(s) based upon the following criteria:

- The student must be from the local area (New Jersey or New York City metro area).
- The award is primarily academic in nature, but preference will be given to students not receiving other academic scholarships from Calvin or other sources.
- Need, though not the primary factor, will be considered in the decision-making process.
- Consideration will be given to demonstrated Christian service, personal character and professional promise.

The scholarship recipient(s) will be notified by approximately April 30, 2008.

*Application Instructions*

The application deadline is April 1, 2008. Each applicant must ensure that the Scholarship Committee receives the following information by the deadline:

- The completed application form
- Completed reference forms from persons identified in the References section of the application
- College transcripts

Any questions about the application process should be directed to Jackie Streelman, and completed applications should be mailed or emailed to her. Her contact information is as follows:

**NJ/NY Calvin Alumni Chapter Scholarship**  
**c/o Jackie Streelman**  
**7 Coombs Lane**  
**Midland Park, NJ 07432-1200**  
**201-444-0844; [jdstreelman@alumni.calvin.edu](mailto:jdstreelman@alumni.calvin.edu)**

In addition, each applicant must have filed a financial aid application with Calvin's Financial Aid office.

**About the Applicant**

1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Sex: M F  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Hometown: \_\_\_\_\_  
  
Name of Parent or Guardian: \_\_\_\_\_  
Church Membership: \_\_\_\_\_  
Elementary and High Schools: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates Attended: \_\_\_\_\_  
Date entered Calvin: \_\_\_\_\_

2. Please address the following questions on a separate sheet(s) of paper (typed or printed):
- *Briefly* list or describe as necessary your high school activities and achievements, work experience, and church activities or other relevant non-school related activities.
  - Describe your experience—academically, spiritually and socially—at Calvin.
  - Describe your educational plans and goals (i.e. profession, major, degree, etc.).
  - Provide any other information or special circumstances that you believe the Committee should consider (financial, family, etc.).

**References**

You must provide references from two people, each of whom should submit a completed recommendation form (see forms attached—please note that this same information may be submitted in another form if more convenient for the person writing the recommendation, but must be signed). References should come from professors or Calvin staff members who know you well (no references from resident assistants, please). Please provide a listing of references below:

Name	Relationship	Address
1. _____	_____	_____
		_____
		_____
2. _____	_____	_____
		_____
		_____

Your references may submit their responses directly to the Scholarship Committee or the references may be submitted, in sealed envelopes, with your application. References must be received prior to **April 1, 2008.**

**Recommendation Form  
Calvin College Alumni Scholarship**

Sponsored by the New Jersey/New York Chapter  
of the Calvin Alumni Association

Applicant's Name: \_\_\_\_\_

Please provide your evaluation of the above-named applicant for a Calvin Alumni Association scholarship. All replies will be kept confidential.

1. Describe your relationship to the applicant:

2. Applicant's personal character:

3. Applicant's intellectual or academic ability:

Your name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Any questions about the application process should be directed to Jackie Streelman, and completed applications should be mailed or emailed to her. Her contact information is as follows:

**NJ/NY Calvin Alumni Chapter Scholarship  
c/o Jackie Streelman  
7 Coombs Lane  
Midland Park, NJ 07432-1200  
201-444-0844; *jdstreelman@alumni.calvin.edu***

In addition, each applicant must have filed a financial aid application with Calvin's Financial Aid office.

**Recommendation Form  
Calvin College Alumni Scholarship**

Sponsored by the New Jersey/New York Chapter  
of the Calvin Alumni Association

Applicant's Name: \_\_\_\_\_

Please provide your evaluation of the above-named applicant for a Calvin Alumni Association scholarship. All replies will be kept confidential.

1. Describe your relationship to the applicant:

2. Applicant's personal character:

3. Applicant's intellectual or academic ability:

Your name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Any questions about the application process should be directed to Jackie Streelman, and completed applications should be mailed or emailed to her. Her contact information is as follows:

**NJ/NY Calvin Alumni Chapter Scholarship  
c/o Jackie Streelman  
7 Coombs Lane  
Midland Park, NJ 07432-1200  
201-444-0844; [jdstreelman@alumni.calvin.edu](mailto:jdstreelman@alumni.calvin.edu)**

In addition, each applicant must have filed a financial aid application with Calvin's Financial Aid office.