

Emla Rimelspacher Scholarship Fund, Inc.

"Helping to Educate Young People"

Chairman Emeritus
Hon. Horace S. Belfatto 1982-1993

P. O. Box 1243
Denville, New Jersey 07834
(973) 627-0892
fax (973) 627-8423

January 10, 2010

Dear School Administrator or Principal:

Re: 2009/2010 Application

We enclose the Scholarship Application form for your processing.

PLEASE TAKE NOTICE, effective in 2009, the Board of Directors determined to grant awards only to applicants attending elementary school and to assist that child through graduation from high school if the child continues to meet the academic and financial criteria. The time period for processing of applications is May 1, 2010 through June 15, 2010. Applications postmarked after June 15, 2010 will not be accepted.

High School


We will only accept applications for high school students who are freshmen who received an elementary school award in 2009, or high school students who received an award in 2009 and will assist them with tuition assistance through completion of their high school education if they continue to meet the necessary criteria each year.

College College applications are no longer accepted.

The application must be fully complete and signed by the applicant, parent and school. A copy of the **current report card**, the **parent's W-2**, and the **\$15.00 application fee** must be included or the application will be deemed incomplete.

We would appreciate your providing the application only to those in real need of financial assistance and **ask for your comments as to the family and financial situation of the applicant to assist us in providing assistance to those most in need.** If you have any questions, please call me.

Cordially,


Judith Von Itter, Executive Director

Maximum Grants: \$400.00 Grammar School
500.00 High School
600.00 College

EMLA RIMELSPACHER SCHOLARSHIP FUND
P. O. BOX 1243
DENVERVILLE, NEW JERSEY 07834
(973) 627-0892

SCHOLARSHIP PROGRAM

THE EMLA RIMELSPACHER SCHOLARSHIP FUND PROGRAM PROVIDES GRANTS TO DESERVING STUDENTS TO HELP THEM MEET THE COSTS OF EDUCATION.

ELIGIBILITY: FUNDS ARE GIVEN FOR STUDENTS ATTENDING KINDERGARTEN THROUGH 12th GRADE, COLLEGE, JUNIOR COLLEGE, OR AN ACCREDITED TECHNICAL INSTITUTION. NO GRANTS ARE MADE FOR GRADUATE STUDY. ELIGIBILITY ENDS WHEN THE STUDENT GRADUATES OR IS NO LONGER ENROLLED FULL TIME, OR IF THE STUDENT'S GRADES FALL BELOW A PASSING AVERAGE.

SELECTION CRITERIA: STUDENTS WHO ARE QUALIFIED ARE SELECTED ON THE BASIS OF FINANCIAL NEED, SCHOLASTIC ABILITY, EXCELLENT CHARACTER, AND PERSONAL QUALITIES. THE FUND JUDGES NEED BASED ON THE FAMILY'S INCOME, EDUCATIONAL COSTS, AND SCHOOL GRADES.

DEADLINES:

MAY *JUNE*
~~JULY 1 TO AUGUST~~ 15, BASIC APPLICATION DUE. RETURN ONE APPLICATION TO THE EMLA RIMELSPACHER SCHOLARSHIP FUND, INC., P. O. BOX 1243, DENVERVILLE, NEW JERSEY 07834, FOR EACH APPLICANT.

COMPLETE APPLICATION CAREFULLY AND FULLY: INCLUDE SCHOOL RECORDS FOR PRIOR YEAR'S GRADES, PARENT'S W-2 FORM, TOTAL YEARLY INCOME FROM ALL SOURCES, MUST BE ATTACHED TO THE APPLICATION.

JUNE
APPLICATION DEADLINE: ~~AUGUST~~ 15. NO APPLICATIONS WILL BE GIVEN CONSIDERATION AFTER THE ~~AUGUST~~ 15 DEADLINE. THIS DEADLINE IS ABSOLUTE.
JUNE

NO APPLICATION WILL BE CONSIDERED UNLESS THEY ARE ON TIME AND FULLY COMPLETED, AND ALL SUPPORTING PAPERS ARE RECEIVED BY THE DEADLINE INDICATED.

ALL APPLICATIONS MUST BE REVIEWED AND SIGNED BY THE PRINCIPAL OR INDIVIDUAL APPOINTED BY THE PRINCIPAL IN ORDER TO BE CONSIDERED COMPLETE.

THE SCHOLARSHIP COMMITTEE

PLEASE PRINT OR TYPE

TO BE FILLED IN BY PARENT/GUARDIAN:

TOTAL INCOME -- ATTACH COPY OF W-2 FORMS FOR YEAR

HUSBAND \$
WIFE \$
OTHER \$
(Rents, Interest, etc.)
TOTAL FAMILY INCOME \$

NUMBER OF DEPENDENT CHILDREN: (NAMES & AGES) _____

AMOUNT OF TUITION FOR ALL DEPENDENT CHILDREN TO BE PAID IN CURRENT YEAR: _____

DWELLING: OWN RENT SINGLE FAMILY MULTIPLE FAMILY
AMOUNT OF RENT: \$
IF OWNED, AMT. OF MORTGAGE: \$
IF OWNED, AMT. OF TAXES: \$

ASSET INFORMATION:
CASH & CHECKING ACCOUNTS: \$
ASSESSED VALUE OF PROPERTY: \$
OTHER ASSETS: \$

HOW MUCH OF THE YEARLY TUITION CAN PARENT/GUARDIAN OR STUDENT CONTRIBUTE: _____

ALL APPLICATIONS MUST BE REVIEWED AND SIGNED BY THE PRINCIPAL OR INDIVIDUAL APPOINTED BY THE PRINCIPAL.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION ABOVE IS CORRECT AND THAT FALSIFICATION OF INFORMATION MAY SUBJECT ME TO REJECTION OF ANY SCHOLARSHIP FUNDS. (ALL SIGNATURES REQUIRED)

APPLICANT'S SIGNATURE DATE PARENT/GUARDIAN'S SIGNATURE

PRINCIPAL'S SIGNATURE DATE

SEND COMPLETE APPLICATION TO:
EXECUTIVE DIRECTOR
EMLA RIMELSPACHER SCHOLARSHIP FUND, INC.
P. O. BOX 1243, DENVILLE, NEW JERSEY 07834

DO NOT SEND APPLICATION PRIOR TO ^{MAY} JULY 1 OF ANY YEAR.

NOTICE TO STUDENT, PARENT/GUARDIAN & PRINCIPAL: NO APPLICATION WILL BE CONSIDERED UNLESS THEY ARE ON TIME, FULLY COMPLETED, SIGNED BY STUDENT, PARENT/GUARDIAN & PRINCIPAL, GRADES ATTACHED, W-2 FORMS ATTACHED.

~~FOR COLLEGE STUDENTS: SAT/ACT FOR FRESHMAN, 3 LETTERS OF REFERENCE, AUTOBIOGRAPHY, GRADES, W-2 FORMS, SIGNATURES.~~

A COPY OF THE CURRENT REPORT CARD IS REQUIRED FOR ALL APPLICANTS.

SCHOLARSHIP FUND COMMITTEE USE ONLY

SCHOOL RECORD RECEIVED: _____

W-2 FORMS RECEIVED: _____

APPLICATION SIGNED: _____

APPLICATION FULLY COMPLETED: _____

FOLLOW UP: _____

FINAL ACTION:

SCHOLARSHIP MONEY GRANTED: _____ DENIED: _____

AMOUNT: _____ REASON DENIED: _____

If you wish, please indicate below special needs or circumstances of the child or family which make financial assistance necessary.

Parents/Guardian:

School Official: