**Bishop Edward T Hughes Scholarship**

**Life Choices, Inc. is currently accepting applications for its scholarship. The scholarship will be awarded to an outstanding student who is also a parent or a student whose parents were assisted by Life Choices when they were unborn or an infant This year the awardee will receive a $500 scholarship.**

**QUALIFICATIONS**

**Applicant must be planning to attend a two- or four-year accredited college or university or vocational school, trade school, business school.**

**Applicant must reside in the Diocese of Metuchen or have been a client of Life Choices of Phillipsburg.**

**REQUIREMENTS**

**Scholarship Application**

**Two letters of recommendation**

**An Interview. All applicants will be required to arranged an interview by appointment. The interview committee will ask several questions. The most important question will be how the applicant expects education to better the lives of their family.**

**DEADLINE AND SUBMISSION**

**All required documents including letters of recommendation must be received by the Committee by Nov 15. Recipients will be notified by Dec 1. For any questions, please e-mail at joan@lifechoicesonline.org**

**Mailing address is:**

**Life Choices, Inc**

**411 S Main St**

**Phillipsburg, NJ 08865**

**Bishop Hughes Scholarship Application**

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| **Contact Information** |
| Last (Family) Name      | First (Given) Name      | Middle Name (if any)      |
| Mailing Address      | City      | State/Province      | Zip/Postal Code      | Country      |
| Email      | Phone Number      | Citizenship      | Perm US Resident      | SPIE Member #      |

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|  Name Educational Data |
| School you are planning to attend *(Please include contact information)*      |
| Website URL for School      | Beginning Year      | Expected Graduation or program completion Date (month & year)      |
| Major or field of study      |
| What degree or certification are you currently pursuing:(Please place a check in the appropriate box) | Associate [ ]  | Bachelor [ ]  | Master’s [ ]  | Doctorate [ ]  | Other? (Please list below)      |
| Name and Age of all Children |
| Name | Age |
|  |  |
|  |  |
|  |  |
| **Reference Letters** |
| Two letters of recommendation are required. . This can be based on specific examples drawn from your course work, projects, or activities. Each letter of recommendation must be signed and sent directly by email toJoan@lifechoicesonline.org by the person making the recommendation. |
| Ref1 Name      | Address      |
| Title      | Telephone      | Email |
| Ref1 Name      | Address      |
| Title      | Telephone      | Email      |

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| Applicant’s Certification/Permission to Release Information |
| I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that falsification of any information on this application disqualifies me for any current or future Bishop Hughes scholarships. I also understand that all applications will be evaluated, the interview evaluated, and that scholarships will be awarded based on merit. Submission of an application in no way guarantees that a scholarship will be awarded. I understand that my application will not be considered if it is incomplete or submitted after the deadline. |
| Signature  | Date  |