



High School Senior Scholarship Instructions

In order to apply for the Wellhofer Scholarship you need to complete the following steps:

1. Please complete the attached application.
2. Provide an official High School Transcript. This must be sealed in an envelope by your Counselor. The transcript should provide your overall Grade Point Average (GPA), and your rank in class.
3. Please provide an essay on what you have done to make your school or your community a better place. Complete a list of all your in school, out of school, work experience and activities during your four years in high school. Please indicate if you were/are an officer, or have/had a leadership position in that activity.
4. Provide a letter of recommendation from your Counselor.

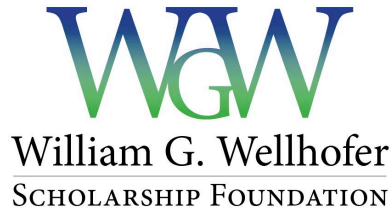
All the above documents should be mailed together to the following address:

Wellhofer Scholarship Foundation of the
New Jersey Licensed Beverage Association
206 West State Street
Trenton, NJ 08608
or email to dianeweiss@njlba.org

Please do not mail-in individual items. All paperwork must be completed and mailed as a packet.

Applications are due no later than June 30th.

You can expect to hear from the Foundation no later than July 1st. You will be officially notified whether or not you have been chosen as the recipient.



**Wellhofer Scholarship Foundation of the
New Jersey Licensed Beverage Association**

High School Senior Application

I would like to be considered for the Wellhofer Scholarship. I understand that this is a onetime \$2,500.00 Scholarship offered to a matriculated, full-time, undergraduate student attending any recognized degree granting University or College in the United States.

I further understand that the reason, I am able to apply for this Scholarship is that I am the son, daughter, or grandchild of a bona fide dues paying member (on-premise retail consumption licensee) of the New Jersey Licensed Beverage Association, who has paid membership dues one full year prior to my application, and will continue to pay dues each year that I accept the Wellhofer Scholarship funding; or the son, daughter, or grandchild of a retired member, who paid dues continuously for the last five years prior to his/her retirement.

I also understand that this Scholarship is not based on my family's financial situation. It is based on the combination of my academic record, in school, out of school activities, work experience and recommendation from my Counselor and a review by the Wellhofer Scholarship Committee.

Finally, I understand that I can apply for this Scholarship only once, while I am a senior in high school.

Applicant's Signature

Date



William G. Wellhofer
SCHOLARSHIP FOUNDATION

**Wellhofer Scholarship Foundation of the New Jersey Licensed Beverage Association
High School Senior Application**

Applicant's Name _____

Home Address _____

City _____ State _____ Zip _____

Home telephone number _____

Name of New Jersey Licensed Beverage Association member

Relationship _____

Name of business _____ Liquor License # _____

Business address _____

City _____ State _____ Zip _____

Business telephone number _____

Name of high school _____

Address _____

City _____ State _____ Zip _____

Name of Counselor _____

School telephone number _____

To What Colleges/Universities have you been accepted?

What College/University will you attend?

CERTIFICATION

Applicant's Signature/Date

Association Member's Signature/Date

Counselor's Signature/Date