

# Builders Association of Northern NJ



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## 2026 APPLICATION FOR FINANCIAL ASSISTANCE

**\*\*A SEPARATE APPLICATION MUST BE COMPLETED FOR THE DURANTE FAMILY SCHOLARSHIP.\*\***

**NOTE:** Please type or print legibly in blue or black ink. Do not omit any information. **Fill in ALL spaces.** If any item is not applicable, please indicate by writing N/A.

**Important:** This opportunity is limited to students who live or attend school in Bergen, Hudson, Passaic, or Sussex Counties. These scholarships are available to full or part-time students who currently attend or will attend an accredited institution of higher learning or a vocational training program, pursuing a **building related course of study**.

### I. Applicant General Information

Last Name First Name Middle Name

Student's Home Street Address

City State Zip Phone Number/Cell Email Address

Student's School Street Address (*If you live on campus*)

City State Zip Phone Number/Cell Email Address

### II. Parent/Guardian Information

Father/Guardian's Last Name First Name Phone Number /Cell Email Address

Permanent Street Address City State Zip

Father/Guardian's Employer Nature of Work Annual Gross Income

Mother/Guardian's Last Name First Name Phone Number /Cell Email Address

Permanent Street Address City State Zip

Mother/Guardian's Employer Nature of Work Annual Gross Income

List all additional income of parents/guardians (if any):

### III. Applicant Personal/Academic Information

**Date of Birth** (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

If married, please provide full name of spouse (wife's maiden name or husband's given name)

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Spouse's Employer Nature of Work Annual Gross Income

**Are you a legal resident of New Jersey?** ☐ Yes ☐ No

**Are you a US citizen?** ☐ Yes ☐ No

**If "No," permanent resident of the US?** ☐ Yes ☐ No

**Have you ever been convicted of a crime?** ☐ Yes\* ☐ No

*Note: If you are awarded a scholarship, you will be required to provide your SSN for tax purposes.*

**Type of Visa:** \_\_\_\_\_

\*Please explain: \_\_\_\_\_

Head of your household: ☐ Parent ☐ Guardian ☐ Self ☐ Other \_\_\_\_\_

Head of household's name: \_\_\_\_\_

List all family members who receive support from the head of the household. Include name(s), age(s), relationship(s) to head of household, and nature of employment or school now attending.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employment/School</u>

List high school(s) you attended and dates of attendance:

Name of High School

Dates Attended

List any academic and extra-curricular activities in which you have participated, including honors:

What will be your class standing during the period for which you wish to receive financial aid?

☐ Freshman      ☐ Sophomore      ☐ Junior      ☐ Senior      ☐ Graduate Student

**Please indicate your school preferences.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 School Name School Name  
 \_\_\_\_\_  
 City and State (If in NJ, indicate county) City and State (If in NJ, indicate county)  
☐ I have been accepted to this school. ☐ I have been accepted to this school.  
☐ I currently attend this school. ☐ I currently attend this school.

**Vocational program or major course of study for which you seek assistance:** \_\_\_\_\_  
 \_\_\_\_\_

#### IV. Financial Information

Do you currently work or will you work while attending school? ☐ Yes ( FT / PT ) ☐ No

Current/potential employer: \_\_\_\_\_ Salary: \_\_\_\_\_

State why you are seeking financial aid: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Estimated total cost of annual tuition:** \$ \_\_\_\_\_

**Estimated total financial amount you will require for ONE YEAR:** \$ \_\_\_\_\_

**Other Grants/Scholarships/Aid You Will Receive**

**Amount**

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

#### V. References (Non-relative)

1. \_\_\_\_\_  
 Name Relationship to Applicant Phone Number

\_\_\_\_\_  
 Street Address City State Zip

2. \_\_\_\_\_  
 Name Relationship to Applicant Phone Number

\_\_\_\_\_  
 Street Address City State Zip

#### VI. Official Transcript and SATs

**A high school or institution official transcript AND SAT and/or ACT score results MUST be attached UNLESS application is for a trade school or program not requiring these documents. Otherwise, application will not be considered without official transcript AND SAT/ACT scores, if applicable and required by school.**

### VIII. Applicant's Related Work Experience (if any)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

## IX. Additional Information

Is there any other information you would like to provide? \_\_\_\_\_

## X. Essay

## XI. Parent/Guardian Certification

To the best of my knowledge, I agree that the information reported herein is complete and correct. I understand that \_\_\_\_\_ is applying for financial aid to help with the educational expenses that will be incurred at \_\_\_\_\_. I approve of this application.

Applicant's Name  
Institution Name

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Parent/Guardian Signature \_\_\_\_\_

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Date \_\_\_\_\_

## XII. Applicant Certification

I hereby acknowledge that the information reported herein is complete and correct.

Applicant Signature

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Date

*The Donald Van Natta and The Alex Sands and Jeffrey C. Mathieu Memorial Scholarships for the academic year 2026/2027 may each grant **an amount up to \$1,000**. The Community Foundation of NJ John J. and Helen M. Durante Family Charitable Trust Scholarship will grant a total of \$4,000 to one student (\$2,000 for the first year and \$2,000 for the second year). See *Durante Application* for more details & requirements.*