



## Grant Application

***SUBMISSION DEADLINE: 3 p.m., 45 days prior to the start of the program.***

Please read this Introduction and accompanying Application Form and Reference Forms very carefully. If you have any questions, please email: [emacc.foundation@gmail.com](mailto:emacc.foundation@gmail.com)

### **INTRODUCTION**

The Eastern Monmouth Area Chamber of Commerce (EMACC) Educational Foundation intends to award grants as described below under GRANTS OFFERED to eligible persons equal to no more than one half of the program cost, not to exceed one thousand five hundred (\$1,500). Eligibility and criteria are defined below. Determination of eligibility and selection of recipients will be made by the Board of Directors of the EMACC Education Foundation (“Foundation Board”), in its sole discretion.

**ELIGIBILITY: Grant applicant must satisfy at least one of the following four criteria:**

- A grant applicant must either live or work within the EMACC service area:
  - Eatontown
  - Fair Haven
  - Little Silver
  - Monmouth Beach
  - Oceanport
  - Red Bank
  - Rumson
  - Sea Bright
  - Shrewsbury
  - Tinton Falls
- **Or** the applicant must currently work for and be recommended by a Chamber member. A list of EMACC members may be found at [www.emacc.org](http://www.emacc.org).
- **Or** the applicant must live in housing provided by a Chamber member that is a 501(c)(3) non-profit organization whose mission includes providing affordable housing and must be recommended by the Chamber member which provides such housing.

**Do not proceed unless you meet one of the three qualifications above.**

- A grant applicant must provide a recommendation by a member in good standing of EMACC who is not a relative. The EMACC office can verify the name of a representative. A list of EMACC members may be found at [www.emacc.org](http://www.emacc.org). **NOTE:** Any employee of the member organization/business may write the recommendation.
- A second recommendation by an individual who is not related to the applicant is also required.

## **GRANTS OFFERED:**

The Grant program is intended to assist with the tuition and/or fees associated with post high school vocational, technical, or certification programs.

Grants are available to full and part- time students. The amount of the grant is no more than 50% of the cost of the program up to a maximum of \$1,500.

For instance, if a program costs \$1,000, the grant amount would be no more than \$500 ( $\$1,000 \times 50\% = \$500$ ). However, if a program costs \$5,000, the grant amount would be no more than \$1,500, the maximum allowed.

**APPLICANT CRITERIA:** In awarding grants, the Foundation Board may consider any or all of the following in its sole discretion: prior academic, vocational or professional performance; extracurricular or community activities; financial need; letters of recommendation; character; personal statements or interview.

**SCHOOL PROGRAM CRITERIA:** In awarding grants, the Foundation Board may consider any or all of the following in its sole discretion concerning the school or program to which the applicant plans to attend: The graduation or completion rate, the placement or hiring rate upon completion of the program, any other criteria by which the Foundation may judge the value of the school or program to the applicant and/or the community.

**STATEMENT OF NON-DISCRIMINATION:** The awarding of grants shall be made without regard to race, religion, ethnicity, national origin, gender, sexual preference, age or physical handicap.

**APPLICATION PROCEDURE:** Applications for grants shall be made on forms and in accordance with procedures developed by the Foundation Board. All applications, including references, must be completed and received by 3 p.m., 45 days prior to the start of the program.

Completed applications should be submitted via:

- e-mail, as an attachment: [emacc.foundation@gmail.com](mailto:emacc.foundation@gmail.com)
- fax: 732-747-9767, attn: Chuck Drawbaugh

Grants will be awarded by the Foundation Board on a rolling basis and announced within 45 days of receipt of an application.

**USE OF GRANT FUNDS:** Grants will be awarded for tuition and fees for vocational, technical, or certification programs

**RULES:** The Foundation Board may adopt any rules necessary or desirable in its sole discretion to carry out the objectives of the Foundation, including a request for additional information from the applicant or school or program.

**PAYMENT:** Grant checks shall be made payable to the school or program or, in certain circumstances, as the Foundation Board otherwise deems appropriate.

## **FOUNDATION BOARD DISCRETION:**

The Foundation Board reserves the right to award or not award the 2017 grants as it deems appropriate.

**EMACC EDUCATIONAL FOUNDATION, INC.  
GRANT APPLICATION FORM**

Please complete this form and all data sheets accurately and completely. Send via:

- e-mail, as an attachment: [emacc.foundation@gmail.com](mailto:emacc.foundation@gmail.com)
- fax: 732-747-9767, attn: Chuck Drawbaugh

The complete application must be received by 3 p.m., 45 days prior to the start of the program.

APPLICANT'S NAME \_\_\_\_\_

ADDRESS (Must be street address, not PO Box) \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

How did you hear about this grant? \_\_\_\_\_

***Have you received an EMACC scholarship or grant before? Yes \_\_\_\_\_ No \_\_\_\_\_  
Will you be attending the program part-time \_\_\_\_\_ or full-time \_\_\_\_\_?***

Please list the specific program and the institution that offers it.

PROGRAM \_\_\_\_\_

INSTITUTION \_\_\_\_\_

INSTITUTION'S ADDRESS \_\_\_\_\_

Current High School or College if applicable \_\_\_\_\_

Name of EMACC member organization \_\_\_\_\_

Name of EMACC individual recommending you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

ACTIVITIES AND HONORS (Academic, Extra-curricular, Civic)

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

WORK EXPERIENCE (Volunteer or paid). Please indicate dates of experiences listed.

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

**EMACC EDUCATIONAL FOUNDATION, INC.**  
**GRANT APPLICATION FORM**

**ESSAY:**

Please enclose on a separate sheet of paper a brief essay about yourself. Your essay should cover the following points:

- **Why you want to continue your education or training**
- **How this grant will help you achieve your goals**
- **How you intend to utilize your education or training to contribute to the business, civic and/or cultural aspects of the EMACC community**
- **Prior academic, vocational or professional performance and/or extracurricular or community activities, as applicable**
- **Why you have a need for financial assistance**

**NOTE: In scoring your application, the committee will give the most weight to evidence of character, community service, your description of your plans for the future, and how you think they will serve the our community.**

This form may be duplicated.

**Release**

I hereby consent to the unconditional use of my name, likeness and submitted application and all of its related documents such as my essay, recommendations, etc. (collectively my "Application") by the Directors of the Eastern Monmouth Area Chamber of Commerce Educational Foundation, Inc. (the "Foundation"). I understand, and fully and unconditionally authorize, that my name, likeness, and Application may be used by said Directors and/or the Foundation in published materials, on Internet web pages and articles, in documents published by parties in connection with the Foundation grant for which I am applying or the Foundation's work in general, in communications to donors and other financial supporters of the Foundation, and for all other similar uses.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**EMACC EDUCATIONAL FOUNDATION, INC.  
GRANT APPLICATION FORM**

**MEMBER IN GOOD STANDING REFERENCE**

*We require 2 references.*

*One reference must be from a member in good standing of  
The Eastern Monmouth Area Chamber of Commerce.*

*A list of EMACC members may be found at [www.emacc.org](http://www.emacc.org)*

*The other reference is your choice. Neither reference may be a member of your family.*

NAME OF APPLICANT \_\_\_\_\_

NAME OF REFERENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

- I am an EMACC member in good standing
- My employer is an EMACC member in good standing

NAME OF EMACC MEMBER ORGANIZATION or company, as applicable  
\_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

The above named applicant is applying for a grant from the Eastern Monmouth Area Chamber of Commerce Educational Foundation. Your assessment is very important to the Foundation Board of Directors in considering this applicant. Please tell us why you believe this individual should be awarded this grant. You may include any social, personal, academic, and/or vocational characteristics you believe will help in our selection process.

**NOTE: Please return your reference to the applicant so they can include it in the complete application packet. Application deadline is 45 days prior to the start of the program..**

**(You may use additional sheets.)**

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**Reference Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please print your name:** \_\_\_\_\_

**EMACC EDUCATIONAL FOUNDATION, INC.  
GRANT APPLICATION FORM**

**PERSONAL REFERENCE**

*We require 2 references.*

*One reference must be from a member in good standing of  
The Eastern Monmouth Area Chamber of Commerce.*

*A list of EMACC members may be found at [www.emacc.org](http://www.emacc.org)*

*The other reference is your choice. Neither reference may be a member of your family.*

NAME OF APPLICANT \_\_\_\_\_

NAME OF REFERENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

The above named applicant is applying for a grant from the Eastern Monmouth Area Chamber of Commerce Educational Foundation. Your assessment is very important to the Foundation Board of Directors in considering this applicant. Please tell us why you believe this individual should be awarded this grant. You may include any social, personal, academic, and/or vocational characteristics you believe will help in our selection process.

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**(You may use additional sheets.)**

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

Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_



## GRANT APPLICATION CHECKLIST

Your grant packet must include the following:

- Grant Application Form
- Grant Application Essay with signature page
- Signed Personal Reference #1 – From an Eastern Monmouth Area Chamber of Commerce member in good standing. A list of EMACC members may be found at [www.emacc.org](http://www.emacc.org). Reference may not be a family member.
- Signed Personal Reference #2 – A personal reference of the applicant's choice. Reference may not be a family member.

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Completed applications should be submitted via:

- e-mail, as an attachment: [emacc.foundation@gmail.com](mailto:emacc.foundation@gmail.com)
- fax: 732-747-9767, attn: Chuck Drawbaugh

**Applicants are responsible for submitting the complete application packet including references by 3 p.m., 45 days prior to the start of the program.**

**Applications that are incomplete in any way or any portion of which is late will not be considered.**