

COANJ ACHIEVEMENT AWARD

COUNTY OFFICERS ASSOCIATION OF NEW JERSEY

FIRST PLACE	\$2,500
SECOND PLACE	\$1,500
THIRD PLACE	\$1,000

**ELIGIBILITY
CRITERIA:**

Resident of New Jersey

High School Graduate by June 2026 or matriculated college student

Spouse, life partner, child, grandchild, step-child, step-grandchild, niece/nephew of a COANJ member or life member is eligible. A COANJ member's staff is eligible as is their spouse, life partner, child, grandchild, step-child, step-grandchild, niece or nephew. An intern to a COANJ member is also eligible.

DEADLINE:

April 24, 2026 (Postmark Date)

REQUIREMENTS:

- ~Applicant's Essay: Describe in 500 words or less how a scholarship will help to achieve your career goals.
- ~Authorization Form: Applicant must sign for release of records and SAT scores. (High School and if enrolled college)
- ~Official transcript of grades, include college, GPA (Grade Point Average), SAT/ACT.
- ~Two letters of support from a teacher, principal, guidance counselor or coach on official letterhead.
- ~A wallet size picture and a copy of driver's license.

ACHIEVEMENT AWARDS WILL BE PRESENTED IN JULY

GUIDELINES FOR ACHIEVEMENT AWARD APPLICATIONS

1. All applicants must be a high school graduate, graduate by June 2026 or be a matriculated college student.
2. All applicants must be related to an active or life member of COANJ. In addition to immediate family this includes step-children, step-grandchildren, nieces and nephews. COANJ members' staff and family also are eligible as well as interns to COANJ members.
3. All applicants must be New Jersey residents.
4. Any application received by the Chairman of the Achievement Award Committee after the postmarked date of April 24, 2026 shall **not** be considered by the committee. Applications must be complete.
5. The student's grade point average will be considered, but grades will not be the only determining factor. The financial need of the applicant, whether the student is receiving any other scholarships, the student's sincere desire to attend college and any other pertinent information will be considered.
6. The President shall appoint a Chairman and an Achievement Award Committee. In the event an applicant is related to any member of the committee, the member shall not participate in the selection of the winners and an alternate will be appointed by the President.

COANJ ACHIEVEMENT AWARD APPLICATION FORM

Dear Applicant:

Qualified applicants are those persons who will graduate from high school by June 2026 or who are matriculated at a college. You must submit along with your completed application the following material for consideration by the Achievement Award Committee (failure to follow these requirements will result in your application being rejected):

An official copy of your high school transcript including your class rank and SAT or ACT scores; and, if applicable, your college transcript

If applicable, a copy of your college transcript;

A 500-word typed essay setting forth your goals, ambitions and educational use of the scholarship;

Proof of New Jersey residency (i.e. driver's license) **and** a recent photo;

Two letters of recommendation from a teacher, principal, guidance counselor or coach signed and on their official stationery

MAIL COMPLETED APPLICATIONS WITH ALL ATTACHMENTS TO:

COANJ Achievement Award Committee
c/o Joanne Rajoppi, Union County Clerk
2 Broad Street - Room 115
Elizabeth, New Jersey 07207

APPLICATIONS MUST BE POSTMARKED BY APRIL 24, 2026

ACHIEVEMENT AWARD APPLICATION

This application must be completed by the Student/Applicant only (please type or print)

A. STUDENT INFORMATION

Name: _____

Birth Date: _____ Social Security Number: _____

Address: _____ County: _____

Telephone Number: _____ E-Mail: _____

High School: _____ College (if applicable) _____

School for which assistance is requested: _____

I am () accepted () enrolled () awaiting a decision

My field of study/program will be: _____

B. FAMILY INFORMATION

1. Mother's Name: _____ 2. Father's Name: _____

3. Marital Status (Parent): () married () single () separated () divorced () widowed

4. Number of Children, not including yourself, living in parent's household: _____

5. Name of COANJ Member sponsoring you: _____

COANJ Member title, office, county: _____

Family relationship to applicant (if applicable): _____

C. STUDENT BACKGROUND

1. Activities

List all community and school activities in which you have participated. Include sports, student government, volunteer projects, etc.

Activity _____

How long? Dates? Special Honors? _____

Activity _____

How long? Dates? Special Honors? _____

Activity _____

How long? Dates? Special Honors? _____

Activity _____

How long? Dates? Special Honors? _____

Activity _____

How long? Dates? Special Honors? _____

2. Work Experience: List any paid work experience you have had in the last two years

Employer _____

Position held; Dates: _____

Employer _____

Position held; Dates: _____

Employer _____

Position held; Dates: _____

3. *Special Circumstances:* Do you have any unusual personal, financial, medical or family circumstances that warrant special attention by the committee? Please be specific in your description of special circumstances.

D. CERTIFICATIONS AND SIGNATURES

We certify that the information on this form is true and complete to the best of our knowledge. We understand that all financial and other information will be considered confidential, for review only by the Achievement Award Committee. We also realize that if we do not give proof when asked, the student may not be eligible for the scholarship.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The applicant agrees to supply all requested information to the Achievement Award Committee to ensure a complete application. The release and use of any and all information supplied to the committee is authorized by the applicant. The applicant agrees to be bound by the decision of the committee. I hereby authorize the Achievement Award Committee to request and obtain any further information it deems necessary.

Applicant Signature

Date