

**OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL
2025/2026 POST-SECONDARY SCHOLARSHIP**

This is a tuition award that may only be applied to post-secondary programs offered by the Ocean County Vocational Technical School. The deadline for ALL application submittals will be Friday, May 9, 2025.

Criteria:

1. The applicant must have a strong desire to succeed in a vocational/technical program and possess a clearly defined career goal that will take full advantage of the educational opportunity provided by OCVTS.
2. The applicant must demonstrate strong character and ability through completion of the application process.

Submit the Following:

1. This cover page with name, signature and date.
2. Post-Secondary-Scholarship application form (next page).
3. Completion of a typed 250-500 word personal essay outlining career goals.
4. High school students:
 - a. the latest high school transcript
 - b. current senior report card with attendance records.
5. Adults:
 - a. a copy of their high school diploma or high school equivalency diploma is required.
6. Submission of two forms of recommendation (no friends or relatives) establishing the integrity and motivation of the applicant. If currently an OCVTS student, one recommendation must come from your vocational instructor.
7. A completed and separate application for Post-Secondary Admissions form and medical form must be on file.
8. FAFSA application

Return applications to: **Jeremy Dusza, Principal of Adult Education**
 Ocean County Vocational Technical School
 1299 Old Freehold Road
 Toms River, NJ 08753

SCHOLARSHIP GUIDELINES:

To remain in the scholarship program, the student must maintain a minimum **“C” average** in their OCVTS program of study and adhere to attendance standards in accordance with the **OCVTS Student Agreement**.

The Post-Secondary Scholarship will be reviewed at the end of each semester/marking period. If a “C” average is not maintained by the scholarship recipient, or if the attendance policy is violated, the scholarship will be revoked. Consequently, the burden of tuition will be the sole responsibility of the student.
applicant please initial on line.

The Post-Secondary Scholarship Committee will review applications and award scholarships. Priority will be given to applicants interested in non-traditional careers and students with personal, financial or family problems that present a barrier to post-secondary education. **Such special considerations should be indicated in the personal essay content or counselor’s comments section of the application.**

The tuition award may only be applied to programs offered by the Ocean County Vocational Technical School.

NOTE: Post-secondary enrollment is based upon space availability on date of course application.

The scholarship award does not include books, lab fees, or other supplies, if needed.

There are limited scholarships available.

Scholarships must be used during the **2024/2025** school year.

This scholarship is considered a last dollar scholarship; no tuition refunds will be given.

By signing below, I acknowledge and accept all of the above agreements regarding the OCVTS post-secondary scholarship award.

(Print) Applicant’s Name

Applicant’s Signature

Date_____

How did you hear about this program? _____

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL
2025/2026 Post-Secondary Scholarship Application

For OCVTS Use Only

Post-Secondary Scholarship Amount: \$ _____

Part A- To be completed by student

Last Name

First Name

MI

Mailing Address

City

State

Zip

Home Phone

High School _____ Year of Graduation _____

Vocational Program Desired _____

Have you ever attended the Ocean County Vocational Technical School? Yes ____ No ____

If you answered "yes", please provide dates: From _____ ~ To _____. Program: _____
month/year month/year

Are there any special circumstances that you would like us to consider? Explain:

OPTIONAL: Survey Statistic in compliance with Affirmative Action Program (NJSA 3620)

Sex: Male _____ Female _____

Ethnic: White ____ Black ____ American Indian ____ Hispanic ____ Asian ____ Other ____

Part B- Must be completed by your High School Guidance Counselor. Please attach latest transcripts and all senior report card grades to date including attendance records-

Has the applicant ever received remedial education in: Math _____ Reading _____ Writing _____

Has the student ever been evaluated by the Child Study Team? _____ Classification _____

Attendance: 12th grade - number of days absent _____ If unsatisfactory (over 10 days), explain:

Counselor's Comments (Required):

Counselor's Signature

Applicant's Signature

It is the policy of the Ocean County Vocational Technical Schools not to discriminate in its technical programs, activities, employment practices or admission policies and practices on the basis of race, color, national origin, sex or handicap. Lack of English language skills will not be a deterrent to admission to any program at the Ocean County Vocational Technical School.

POST-SECONDARY SCHOLARSHIP RECOMMENDATION FORM

Applicant's Last Name

First Name

Middle Initial

The above student has applied for a scholarship at the Ocean County Vocational Technical School district. To the best of your knowledge, please complete the recommendation form below.

Please Check:

- | | | | |
|--------------------------------|-------------------|-----------------|-------------|
| 1. General academic ability | Outstanding _____ | Competent _____ | Weak _____ |
| 2. Vocational-technical skills | Outstanding _____ | Competent _____ | Weak _____ |
| 3. Responsible | Always _____ | Sometimes _____ | Never _____ |
| 4. Well Disciplined | Always _____ | Sometimes _____ | Never _____ |
| 5. Mature | Always _____ | Sometimes _____ | Never _____ |

Comments: _____

Name of Person Making Recommendation: _____

Relationship to Applicant: _____

Address: _____

Phone: _____

POST-SECONDARY SCHOLARSHIP RECOMMENDATION FORM

Applicant's Last Name

First Name

Middle Initial

The above student has applied for a scholarship at the Ocean County Vocational Technical School district. To the best of your knowledge, please complete the recommendation form below.

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| 3. Responsible | Always _____ | Sometimes _____ | Never _____ |
| 4. Well Disciplined | Always _____ | Sometimes _____ | Never _____ |
| 5. Mature | Always _____ | Sometimes _____ | Never _____ |

Comments:

Name of Person Making Recommendation: _____

Relationship to Applicant: _____

Address: _____

Phone: _____