



**FOUNDATION OFFICE**  
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# EGYPT SCHOLARSHIP APPLICATION

Academic Year: \_\_\_\_\_ Cohort Class: \_\_\_\_\_

OCC Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City: \_\_\_\_\_ Governorate: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

## ACADEMIC INFORMATION

Overall GPA: \_\_\_\_\_

**The Scholarship Selection Committee would appreciate information about the scholarship applicants.**

The following background information must be provided in order to process your application.

Specific Academic Goals and Career Plans:

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(If necessary, attach sheet)

Activities Participated in High School:

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(If necessary, attach sheet)

Outside Hobbies, Interests, and Community Service Involvement:

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(If necessary, attach sheet)

continued on next page

Please attach a 250 word essay why you deserve this scholarship.

Professor Recommendation:

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CERTIFICATION: I certify that the information on this application and accompanying documents is true and accurate. I authorize Ocean County College to release admission, enrollment, academic transcripts, and financial aid information to the Foundation solely to determine my eligibility for a scholarship.

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Applicant's Signature

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Parent/Guardian's Signature

Email completed application to: **[scholarships@ocean.edu](mailto:scholarships@ocean.edu)**

Scholarship recipients will be notified immediately following Committee review.  
For further information, please call the OCC Foundation office at 732-255-0492.