



FOUNDATION OFFICE
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TTY & VOICE RELAY 711

WORKFORCE & PROFESSIONAL EDUCATION (WPE) GRANT APPLICATION
THE H. HOVNANIAN FOUNDATION
SCHOOL OF NURSING AND HEALTH SCIENCES GRANT

Academic year _____ Fall [] Spring [] (Check one)

You must apply each semester and you must be an Ocean County resident.

Social Security Number or OCC Student ID _____ Date of birth _____

Name _____ Last First MI

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Academic Information

High school attended: _____ Year graduated: _____

Highest completed level of education: _____ Cumulative high school or college GPA: _____

Have you completed other certificate or non-credit programs at OCC or other institutions? Yes [] No []

If yes, please list all completed programs below:

This grant is available for expressed financial need.

Completed FAFSA? Yes [] No []

If Yes, please attach. If No, please attach household income verification of less than \$100,000.

Have you or members of your family received scholarship or grant support from the Ocean County College Foundation? Yes [] No []

If yes, please list names and academic years of support:

The Grant Selection Committee would appreciate information about the grant applicants.
The following background information must be provided in order to process your application.

Specific academic goals and career plans:

(If necessary, attach additional sheet)

On-campus activities:

(If necessary, attach additional sheet)

Outside hobbies, interests, and activities:

(If necessary, attach additional sheet)

Employer's name & address (if employed):

Please attach an essay of 250 words or more describing why you feel you should be awarded the grant.

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.

The Foundation will not promise a grant if I receive financial aid that fully funds my educational expenses.

Applicant's signature

Grant recipients will be notified immediately following Committee review.
For further information, please call the Workforce & Professional Education Office at 732-255-0409.