



HENRY P. BECTON REGIONAL HIGH SCHOOL  
EAST RUTHERFORD NJ 07073



## 2021 Annual P.I.E. SCHOLARSHIP

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_

Confirmed graduation Date: \_\_\_\_\_

Name of School you will be attending in September: \_\_\_\_\_

# of children in your family: \_\_\_\_\_ # in college? \_\_\_\_\_

Are you a graduate of the Carlstadt or East Rutherford school system? \_\_\_\_\_

If not, what school and many years attend? \_\_\_\_\_

Do you know of any other awards or scholarships you will be receiving? \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

**\*\*\*\*Please attach a list of the activities and sports you have participated in at Becton. Also include any community service projects or work experience you have been involved in.\*\*\*\*\***

Did your parents play an active role in your education? \_\_\_\_\_

Which school organizations have your parents actively participated in? \_\_\_\_\_

**Please submit a typed essay of 200 words answering the following question.**

**\*How have your parents influenced your choice in your future educational plans?\***

Please return Application, Essay, Activities list and Signed Permissionslip form  
to: [PIE@BECTONHS.ORG](mailto:PIE@BECTONHS.ORG) By May 14, 2021

# **Parental Responsibility and Permission to verify information form for the PARTNERS IN EDUCATION SCHOLARSHIP**

In the event, the recipient of this scholarship fails to attend school in September, the parent  
will be held responsible for

**REFUNDING the full amount of the scholarship.**

**\*\*\*\*We give Partners in Education permission to verify all information of the scholarship with the Guidance Department at Becton Regional HighSchool.\*\*\*\***

**By Signing below, both parent and student agree to the above statements.**

Parent's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Cellphone # \_\_\_\_\_

Email address \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Cellphone # \_\_\_\_\_

Email address \_\_\_\_\_

Home telephone # \_\_\_\_\_

Home address: \_\_\_\_\_





## **\*CRITERIA\***

### **for the Partners in Education Scholarship**

\*\*\*\*\*

**Applicants MUST meet all the criteria in order to be eligible for this scholarship.**

1. Applicants must be a student at Becton Regional High School graduating in June with their class.
2. Applicants must be accepted to an accredited two or four year college, or a Business, Trade or Vocational School.
3. Applicants must submit the complete application.
4. Applicants must submit the requested essay.
5. Applicant must submit requested signed permission and parental responsibility form.
6. Applicants must submit all requested material by the designated deadline.

**Committee will consider the following when making their decision.**

1. Parent's membership in Partners in Education.
2. Applicants quality of essay
3. Applicants community service and extracurricular activities.
4. Parental involvement in students' education.