

**NEW JERSEY AMERICAN YOUTH FOOTBALL
JERSEY SHORE CONFERENCE**



**1901 ROUTE 71 SUITE 3D, WALL, NJ 07719
INFO@NJAYF.ORG · WWW.NJAYF.ORG**

**PRESIDENT: KEVIN HESTER · FIRST VICE PRESIDENT: CHRIS PETRICH · SECOND VICE PRESIDENT: HOPE STEVENSON
THIRD VICE PRESIDENT: KELLY BIALOBLOCKI · TREASURER: DANIEL VALLE · SECRETARY: TINA CERTO · SERGEANT AT ARMS: BOB COATES
FOOTBALL COMMISSIONER: CHRIS MAYNARD · ASSISTANT FOOTBALL COMMISSIONER: MICHAEL LILLOIA
CHEER COMMISSIONER: MARY ELLEN EARP · ASSISTANT CHEER COMMISSIONER: ALICIA CROTZER**

2024 NJAYF COMMUNITY SCHOLARSHIP

SPONSORED BY: NEW JERSEY AMERICAN YOUTH FOOTBALL AND CHEER

PERSONAL INFORMATION		
FULL NAME:	AGE:	BIRTH DATE:
ADDRESS:	CITY:	ZIP CODE:
EMAIL ADDRESS:	PHONE NUMBER:	

PRELIMINARY SCHOOL INFORMATION	
NAME OF CURRENT HIGH SCHOOL:	
GRADUATING YEAR:	SCHOOL ADDRESS:
NAME OF GUIDANCE COUNSELOR:	
SCHOOL PHONE NUMBER:	
NAME OF COLLEGE/UNIVERSITY YOU PLAN TO ATTEND:	

NJAYF VERIFICATION	
NAME OF NJAYF ORGANIZATION THAT YOU PARTICIPATED IN:	
(FOOTBALL) YEARS IN NJAYF:	(CHEERLEADING) YEARS IN NJAYF:
DID YOU CONTINUE PARTICIPATING IN NJAYF WHILE IN HIGH SCHOOL (AS A VOLUNTEER)? YES NO	
(FOOTBALL) YEARS AS A VOLUNTEER:	(CHEERLEADING) YEARS AS A VOLUNTEER:

(NJAYF VERIFICATION CONTINUED ON PAGE 2)

<p>*** VERY IMPORTANT ***</p> <p>YOU MUST OBTAIN THE VERIFICATION OF CURRENT NJAYF OFFICIALS AS TO THE INFORMATION CONTAINED IN THIS SECTION!</p>	<p>I hereby certify that the information given regarding any NJAYF involvement to be true to the best of my knowledge and belief and in accordance with franchise records. <i>(Must be signed by current NJAYF President where you played/volunteered)</i></p> <p>Signature: _____</p> <p>Print Name: _____ Title: _____</p>
---	---

EXPLANATION OF SPECIAL NEEDS OR CIRCUMSTANCES
Attach a separate sheet of paper with any special needs or circumstances (must be typed).
Attach a separate sheet of paper with additional awards, honors, and community service (must be typed).

FOOTBALL OR CHEER HONORS/AWARDS, ACADEMIC HONORS, VOLUNTEERING, COMMUNITY SERVICE				
NJAYF Volunteer	Grade level in year of participation (9th, 10th, etc.)	Approx. # of hrs. spent per week & # of wks. involved	Positions held or honors won	Verification by NJAYF Official (NJAYF initials)

Honors and Awards (High School Football/Cheer only)	Grade level in year of participation (9th, 10th, etc.)		Verification by School Official (Counselor initials)

(FOOTBALL OR CHEER HONORS/AWARDS, ACADEMIC HONORS, VOLUNTEERING, COMMUNITY SERVICE CONTINUED ON PAGE 3)

Academic Honors or Awards (High School only)	Grade level in year of participation (9th, 10th, etc.)		Verification by School Official (Counselor initials)

School Committees and Clubs	Grade level in year of participation (9th, 10th, etc.)	Approx. # of hrs. spent per week & # of wks. involved		Verification by School Official (Counselor initials)

Other Community Activities	Grade level in year of participation (9th, 10th, etc.)	Approx. # of hrs. spent per week & # of wks. involved		Verification by School Official (Counselor initials)

(FOOTBALL OR CHEER HONORS/AWARDS, ACADEMIC HONORS, VOLUNTEERING, COMMUNITY SERVICE CONTINUED ON PAGE 4)

Work Experience	Grade level in year of participation (9th, 10th, etc.)	Approx. # of hrs. spent per week & # of wks. involved	

ESSAY

Each applicant must submit an essay on the following topic:
 “What impact did YOUTH FOOTBALL/CHEER have on my life?”

***** MUST BE A MINIMUM OF 150 WORDS. MUST BE TYPED. *****
(HAND WRITTEN ESSAYS WILL NOT BE ACCEPTED)

CERTIFICATION

By way of subscribing our signatures below, we hereby certify, individually and collectively, that all of the information contained in this application is true, correct and complete in all of its particulars to the best of our knowledge and belief. We understand that this application is being filed jointly by all signatories. We agree to give proof of the information provided on this application and realize that if said proof is not provided, that the applicant (student) can be denied any scholarship funding. Scholarship funding will be sent directly to college or school by NJAYF. Finally, I, the applicant, agree to return all money received if I do not attend college or school.

Signature of High School Official:

Date:

Signature of Student:

Date:

Signature of Parent:

Date:

- **ALL APPLICANTS MUST BE FORMER NJAYF PARTICIPANTS.**
- **OFFICIAL HIGH SCHOOL TRANSCRIPT MUST BE SUBMITTED TO THIS APPLICATION.**
- **ALL SEVEN SECTIONS OF THIS APPLICATION MUST BE COMPLETELY FILLED OUT.**
(FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION)

DEADLINE FOR SUBMISSION: February 15, 2024

MAIL COMPLETED APPLICATION TO: NJAYF SCHOLARSHIP c/o Kelly Bialoblocki, 39 Fielek Terr, Parlin, NJ 08859

Questions: Contact Kelly Bialoblocki via telephone at (732) 690-7652 or email at kbialoblocki@njayf.org