



Office of Financial Aid

### LEROY DAVIDSON SCHOLARSHIP

Awarded to fulltime, undergraduate students. Awards are based on academic merit and financial need. Preference given to students who are employees of or have an immediate family member employed by Twin County Grocers, Inc.

PLEASE PRINT OR TYPE

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

RU ID# \_\_\_\_\_ CLASS YEAR \_\_\_\_\_ SCHOOL CODE \_\_\_\_\_

(If Freshman, High School Name) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

*Street*

\_\_\_\_\_  
*City* *State* *Zip*

HOME PHONE \_\_\_\_\_

CAMPUS ADDRESS \_\_\_\_\_

*Dorm/ Apt.*

*Campus Location*

PO BOX \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CAMPUS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ANTICIPATED GRADUATION DATE \_\_\_\_\_

*Month*

*Year*

• NUMBER OF REGISTERED CREDITS \_\_\_\_\_

• DEGREE CREDITS EARNED TO DATE \_\_\_\_\_

TRANSFER STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, COLLEGE: \_\_\_\_\_

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*



Office of Financial Aid

**At which Foodtown location are YOU, your PARENT or OTHER RELATIVE, employed?  
Please provide the name, store number and address.**

FOODTOWN STORE NO# \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

NAME OF PARENT / RELATIVE \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

LENGTH OF SERVICE \_\_\_\_\_  
*Year(s)*                      *Month(s)*

STORE MANAGER NAME \_\_\_\_\_

MAIL COMPLETED APPLICATION BY JUNE 30 TO:

Funds Management  
Office of Financial Aid  
Rutgers, The State University of New Jersey  
620 George Street  
New Brunswick NJ 08901-1175