



## FLENJ 2009 SCHOLARSHIP APPLICATION

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

School Tel. No. \_\_\_\_\_ x \_\_\_\_\_ E-mail \_\_\_\_\_

Language in which you plan to compete \_\_\_\_\_

Do you speak this language anywhere other than the classroom? Yes \_\_\_ No \_\_\_

Was this the first language you spoke? Yes \_\_\_ No \_\_\_

If no, what was your first language? \_\_\_\_\_

How many years have you studied the language? \_\_\_\_\_

Level of language study now \_\_\_\_\_

Other language(s) studied \_\_\_\_\_

Travel or Study Abroad-Length of Time \_\_\_\_\_

Other interests \_\_\_\_\_

Future plans for college \_\_\_\_\_

**Nominating Teacher (must be a current member of FLENJ and renew membership for 2009 by December 31, 2008):**

**Nominating Teacher's Name** \_\_\_\_\_ **Region** \_\_\_\_\_

(Please print)

\_\_\_\_\_  
Signature (I hereby certify that I am a current member of FLENJ for 2008)

**Important:** Applications must be postmarked no later than, **Friday, December 5, 2008**. Please review all information thoroughly before mailing application. **Address an envelope to your counselor and stamp it.** Mail your application form and the stamped envelope addressed to your HS Guidance Counselor to:

**Dr. Grisel López-Díaz**

**P.O. Box 4805**

**Weehawken, NJ 07086**

**Any applicant who fails to follow these directions will be disqualified.** You do not need to do anything else at this time. Further instructions will come from FLENJ soon after all the application forms are received.