



**ARAMARK EDUCATION
SCHOLARSHIPS**

FOR

HIGH SCHOOL STUDENTS

APPLICATION PACKET

2014

**Scholarship Opportunity
MEMORANDUM**

TO: Teachers
Guidance Department
Principals

From: **Denise Holguin,**
Director of Meal Program Growth

**SUBJECT: ARAMARK EDUCATION SCHOLARSHIP
FOR HIGH SCHOOL STUDENTS**

DATE: February, 2014

ARAMARK Education is sponsoring scholarships to students that have chosen to pursue higher education. All seniors from Trenton Public Schools are eligible to apply. Winners will be selected as criteria are met below. The \$1,000 scholarship can be used at any postsecondary institution commencing during the summer term of the 2013-2014 academic year.

The eligibility criteria are as follows:

- Graduating Senior
- Two letters of recommendation
- Grade point average of 2.5 or better
- Community service letter
- Good attendance.
- Complete written essay

Topic: What are your plans for the future, and how will this scholarship assist you in achieving your goals (1 page maximum)?

✓

- Minimum-350 words

The selection of the scholarship recipient for each school will be determined by ARAMARK's scholarship committee. Students may submit completed package to their perspective guidance counselor by April 16th. Guidance Counselors are asked to inter-office mail packages to the address below:

Attention: Denise Holguin
26 Model Ave.
Trenton NJ, 08609

ARAMARK EDUCATION SCHOLARSHIP

SELECTION CRITERIA:

1. Demonstrates leadership skills
2. Overall academic achievement
3. Financial need may be considered, but is not a requirement
4. Community Involvement

ELIGIBILITY:

- Graduating Senior
- Grade point average of 2.5 or better
- Two Letters of recommendation
- Community service confirmation letter
- Submitted written essay

**Submit completed application to your school's guidance counselor
by April 16, 2014.**

ARAMARK EDUCATION

for
SCHOOL REPORTING FORM

Please select one (1) winner and report this information to the ARAMARK Scholarship Committee

School Name: _____

School Contact Person: _____

2014 ARAMARK Scholarship Recipient: _____

Parent/Guardian: _____

Home Address: _____

City: _____ Zip: _____

Recipient's Phone: _____

School the Student Plans to Attend: _____

Brief statement about the student's attributes and school involvement:

We certify that the student named is the 2013-2014 ARAMARK scholarship recipient:

Signature of School Principal

Date

Signature of School Guidance Counselor

Date

Date Due: April 16, 2014

PLEASE RETURN (1) THE STUDENT APPLICATION FORM; (2) ESSAY, AND; (3) THE SCHOOL REPORTING FORM TO: Guidance Counselors