

**MONTCLAIR STATE UNIVERSITY
SCHOOL OF BUSINESS
SCHOLARSHIP INFORMATION**

*****Scholarship Winner must be able to attend Awards Ceremony on Thursday evening May 18, 2017- Invitation will follow.*****

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| 1. | Name of scholarship or award: | Bobby Hughes Memorial Scholarship |
| 2. | Date established: | 2002 |
| 3. | Amount of award to be given: | \$900 |
| 4. | Date of First award: | 2003 |
| 5. | When will award be given: | End of Spring Semester – To be applied for fall semester |
| 6. | Number of awards to be given annually: | Based on Accrued interest |
| 7. | Requirements for candidates: | Must be a full-time undergraduate male student enrolled in the School of Business at MSU. Recipient must maintain a minimum GPA of 3.2 and remain enrolled in a program offered by the School of Business. Must demonstrate financial need by providing all forms & financial information required by the Office of Financial Aid at MSU.

Must submit an essay as outlined in the application. |
| 8. | Application process: | Students will be notified in a timely manner of the availability of the award. They will be asked to complete the appropriate application and return it to the Ellyn A. McColgan Student Services Center-Room 170 in the Feliciano School of Business by the deadline date. |
| 9. | Custodians of the award fund: | The Montclair State University Foundation |
| 10. | Persons selecting the recipients of the award: | The Scholarship Committee |
| 11. | Source of Funding: | Mr. & Mrs. Robert T. Hughes, Sr. in memory of their son Bobby Hughes, who died in the 9/11 World Trade Center attack |

***NOTE: ALL AWARDS ARE SUBJECT TO FUNDING BY SPONSORS.
BLOUSTEIN SCHOLARS AND/OR STUDENTS WHO WILL NOT BE CONTINUING
AT MONTCLAIR STATE UNIVERSITY BEYOND THIS SEMESTER ARE NOT
ELIGIBLE TO APPLY.***

The Bobby Hughes Memorial Scholarship
School of Business
Montclair State University

Deadline for Application: March 13, 2017

(Please print or type clearly)

Last name _____ First name _____

CWID# _____

(Permanent address)

Street _____

City _____ State _____ Zip _____

Telephone # _____

(Temporary address)

Street _____

City _____ State _____ Zip _____

Telephone # _____

ACADEMIC STATUS: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Student Activities in College

Honor Societies: _____

Awards: _____

Elected Offices: _____

Volunteer Activities: _____

Outside Hobbies/Activities: _____

Are you currently receiving financial aid: _____ Yes _____ No

If yes: Type

Amount

ESSAY:

Discuss in 500 words your professional goals and how your education at Montclair State University will enable you to achieve these goals. Include in your essay how you feel your degree in business will contribute to your total development now and in the future.

I hereby affirm that to the best of my knowledge the information supplied in this application is complete and accurate. I understand that the scholarship is an outright grant and not to be repaid. If I am selected as a recipient, I agree to permit the SBUS to publicize the award.

(signature)

Montclair State University is an equal opportunity educational institution and considers applications from all qualified students regardless of their race, creed, sex, or natural origin.

PLEASE RETURN APPLICATION TO:

**Ellyn A. McColgan Student Services Center
Feliciano School of Business, Room 170
Montclair State University
Montclair, NJ 07043**

APPLICATION DEADLINE: March 13, 2017

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