

THE CHELSEA NEIGHBORHOOD ASSOCIATION

SCHOLARSHIP PROGRAM

The Chelsea Neighborhood Association is a community organization dedicated to the betterment of Atlantic City, with emphasis on the Chelsea, Lower Chelsea, and Chelsea Heights neighborhoods. Each Spring, we offer scholarships to eligible students.

Eligibility Requirements

In order to be considered for a scholarship sponsored by the Chelsea Neighborhood Association, the student must meet the following criteria:

- 1. Applicant must be a high school senior, graduating with a 2.5 or better GPA, from Atlantic City High School, and must be planning to attend a community or 4-year college or a public apprenticeship program. (Please attach copy of high school transcript).
- 2. Applicant must be a resident of Atlantic City.
- 3. Applicant must provide evidence of volunteer or community involvement.
- 4. Applicant must submit two letters of recommendation from teachers, guidance counselors or community leaders. Please attach typewritten letters to this application.
- 5. Application must be complete and all documents submitted together in a single PDF or zip file.

The scholarship awards will be announced in May.

C.N.A. SCHOLARSHIP APPLICATION INFORMATION

Student Name		
Age		
Address		
Telephone		
Email		
High School		
Elementary School		
Parents/Guardians Names		
Telephone	- J	
Guidance Counselor		GPA
Educational/Life Goals: (Please attach additional page to full	y answer questions)	
1. Please tell us a little bit about you	rself.	
2. What is your greatest strength, and strength to overcome a difficult time.		u used this
3. Where do you see yourself 5 years	s from now?	

List extra curri	cular activity in	ivolvemen	t during high	school	
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List community					
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				SAUCE STATE OF THE SAUCE STATE O	
Name of school	-				
(If available, at	tach copy of ac	ceptance le	etter)		
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Please email yo below:	our application	by the Apr	il 26, 2024 de	eadline to th	e email
	Chelsea Ne	eighborh	ood Associa	ition	
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c/o Cindy Owen, Scholarship Chair

cnascholarshipsac@gmail.com SUBJECT LINE: (Full Name) - CNA Scholarship Applicant

The information on this form will be considered confidential and will only be shared with members of the Scholarship Committee. If you have any questions, please email us with the Subject Line: Application Question