



2195 Route 22 West, Union, NJ 07083  
(908) 688-2600



14 Route 22 West, Green Brook, NJ 08812  
(732) 968-2522

**APPLICATION FOR THE 2021 SHAKE A PAW ANIMAL CARE SCHOLARSHIP**

To be considered applicants must include the following:

- ✿ A completed Scholarship application.
- ✿ A current original High School transcript.
- ✿ An essay describing how you believe you can positively impact the animal world, what has motivated you to pursue an animal-related career, and what changes or improvements you would like to see in your chosen field of study. (750-1250 words)
- ✿ Two character references; preferably from an unrelated adult describing how the applicant is deserving of The Shake A Paw Animal Care Scholarship.

**APPLICANT INFORMATION:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_  
Primary Secondary

Email Address \_\_\_\_\_

Are you related or connected to an Shake A Paw employee? \_\_\_\_\_.

If yes, please name \_\_\_\_\_

**COLLEGE/UNIVERSITY ACCEPTANCE:**

School: \_\_\_\_\_ City/State \_\_\_\_\_

**HIGH SCHOOL ACHIEVEMENTS:**

List your **current** involvement in extracurricular activities, academic clubs and any offices held, community service, etc., relating to your animal experience. (Attach additional sheet if needed).

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List your **current** involvement in extracurricular activities, academic clubs and any offices held, community service, etc., relating to your animal experience. (Attach additional sheet if needed).

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List any awards, honors or special recognition you have received relating to your animal experience. (Attach additional sheet if needed).

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**FINANCIAL STATEMENT:**

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Permanent Address (if different than applicant's) \_\_\_\_\_  
Street City State Zip

Father's Occupation and Employer \_\_\_\_\_

Mother's Occupation and Employer \_\_\_\_\_

Number of people in household \_\_\_\_\_ Household Annual Income \_\_\_\_\_

To the best of my knowledge, the information provided in completion of the application is accurate and complete as of the date indicated below. I hereby apply for the Shake A Paw Animal Care Scholarship for the school year beginning of the fall semester of 2021.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PARENTS ENDORSEMENT:**

As the \_\_\_\_\_ of this candidate, I hereby declare:  
(mother, father, guardian)

1. That I have read the foregoing application as filled out by the applicant; and
2. That the answers given are true and correct; and
3. That I approve the applicant's application for the Shake A Paw Animal Care Scholarship.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date