THE NEW JERSEY GREEN INDUSTRY COUNCIL SCHOLARSHIP PROGRAM 2024 EDWARD A. PLATZ MEMORIAL SCHOLARSHIP

Type or print all information except for signatures. If space provided in any section is inadequate, information may be continued on additional sheets of paper. Attach

additional sheets to the original document.

CHECKLIST

Application Postmark Deadline is August 7, 2024

PERSONAL	Last:	F1rst:	M1:		
	Home Address:				
	City:	State:	Zip Code:		
	Home Phone:	Cell Phone:			
	Email Address:				
******	*******	*********	********		
HIGH SCHOOL DATA	School Name:	Gra	Graduation Date:		
	City:	St	State:		
*******	*******	*********	********		
CERTIFICATION	In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this application. Falsification of information may result in termination of any scholarship granted. This application becomes the property of NJGIC.				
	Signature:		_ Date:		
******	*******	********	*******		
APPLICATION	Applicant is responsible	for ensuring that all items belo	ow are submitted to:		

Completed application

NJGIC Scholarship Program

Succasunna, NJ 07876

PO Box 166

- o Official copy of college transcripts
- o Two letters of recommendation mailed directly from referral source
- o 1-2-page typed essay stating current education and career goals
- One paragraph answer to the following: What has been your most important extra-curricular activity, your most important contribution to it, and what has your participation in it meant to you as an individual?

POST- SECONDARY	Name of post-secondary schools you have attended.				
SCHOOL DATA	School:		City:	State:	
	School:		City:	State:	
	School:		City:	State:	
Academic Year (circ	le one): Sophomore	Junior	Senior		
	Major or course of study:				
	Anticipated Date of Gradu	ation:			
*******	*********	******	******	******	
EMPLOYMENT EXPERIENCE	Please list your last two jobs where you received a wage.				
	Employer:				
	Dates From:		_ To:		
	Duties:				
	Employer:				
	Dates From:		_ To:		
	Duties:				
*******	*********				
VOLUNTEER EXPERIENCE	Please list any volunteer work you have performed.				
	With Whom:				
	Duties Performed:				
	With Whom:				
	Duties Performed:				
******	*********				
ACTIVITIES, AWARDS, & HONORS	Please list college, high school, and/or community activities you are/were involved in.				
	Activity:	# of Years:		_ Honors:	
	Activity	# of Years:		Honors:	