NJAFS
NEW JERSEY ASSOCIATION OF FORENSIC SCIENTISTS
SCHOLARSHIP AWARD APPLICATION
Notice to Applicant

Listed below are the requirements for the New Jersey Association of Forensic Scientists Scholarship Award. Please review the requirements carefully before completing the application.

**If you do not meet these requirements, do not complete the application. This is a $1,500.00 one-time award.**

1. You must be enrolled in a Science program (Biology, Chemistry, Natural, Forensic Science, etc.) as either a Junior or Senior undergraduate or at the graduate level (as of September 1) with the intent to pursue a career in Forensic Science.

2. You must meet one of the following criteria to be considered for the NJAFS Scholarship:
   - Be a current member of the NJAFS; **OR**
   - Attend a college or university in New Jersey; **OR**
   - Be a resident of New Jersey while attending a college or university outside the state.

3. You must be able to demonstrate excellence in your academic program.

4. You must not have received this award previously.

In order to apply for the award the following must be submitted.

1. An NJAFS Scholarship Award Application.

2. **Two** NJAFS Scholarship Award Recommendation Forms indicating your worthiness and intent to pursue a career in forensic science. **One of which must be** from a professor involved in your science curriculum.

3. A copy of all college transcripts (please include undergraduate and graduate, if applicable)

Return the required documents to:
NJAFS Scholarship Award
PO Box 9304
Trenton, NJ 08650

Questions? Call NJAFS Scholarship Committee Chairman Tanvi Kothari at (609)584-5054 ext 5465

**Application Deadline is October 31**

The NJAFS Scholarship Award will be presented at the Fourth Quarterly Membership Meeting.
<table>
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<th>Date</th>
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<tr>
<th>Student’s Name (Last, First, Middle)</th>
<th>_________________________   _________________________   _________________________</th>
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| Present Address                      |
|--------------------------------------|---------------------------------------------------------------------|
| Street _____________________________| Hall\Dorm\Apt. ___________________________ |
| City ________________________________| State _____________   Zip Code ______________________ |

| Permanent Address                    |
|--------------------------------------|---------------------------------------------------------------------|
| Street _____________________________| Hall\Dorm\Apt. ___________________________ |
| City ________________________________| State _____________   Zip Code ______________________ |

At which address do you wish to receive mail related to this application? Present _____ Permanent _____

| Date of Birth ______________________| Telephone Number (          ) ______________________ |

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<tr>
<th>Current College/University (Name and Address)</th>
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<td>__________________________________________________________________________________________________________</td>
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<tr>
<th>Class Level (as of September 1)</th>
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<td>Undergraduate Jr.______</td>
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| Current Major _________________________ | Current GPA (Include transcript)________________________ |

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<th>Extra Curricular Activities</th>
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<th>Community Service/ Activities</th>
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List your internships.

Why have you chosen to pursue a career in the field of forensic science?

What do you think you will bring to the field of forensic science?

Name of recommending professor
___________________________________________________________________________

Address ___________________________________________________________________

Telephone Number (          )  ____________________

Name of person submitting second recommendation
___________________________________________________________________________

Address ___________________________________________________________________

Telephone Number (          )  ____________________

Applicant’s Signature
NEW JERSEY ASSOCIATION OF FORENSIC SCIENTISTS
SCHOLARSHIP AWARD RECOMMENDATION FORM

Student's Name (Last, First, Middle) _________________________   _________________________   _________________________

Name of person submitting this recommendation
___________________________________________________________________________________________________________

Address __________________________________________________________________________________________________

Telephone Number (          )  ____________________

Employer  ____________________________________________  Occupation  ____________________________________________

The applicant is required to provide two recommendations, one of which must be from a college professor. Are you submitting this
recommendation as a college professor?

YES _____  NO _____

How long have you known the applicant? __________________________

Please use the following codes to rate the applicant in the areas noted below.

O = Outstanding  E = Excellent  G = Good  A = Average  F = Fair

Knowledge of subject matter _____     Ability to work with others _____     Communication skills _____     Leadership _____     Reliability _____

Initiative _____     Maturity _____     Integrity _____     Attitude _____

Why should this applicant receive this award? (Attach additional sheets if necessary)

Please explain what you know of this applicant's desire to pursue a career in forensic science. (Attach additional sheets if necessary)

Signature

RETURN THIS FORM (TO THE ADDRESS BELOW) BY OCTOBER 31ST

NJAFS Scholarship Award, P.O. Box 9304, Trenton, NJ  08650
Student's Name (Last, First, Middle) _________________________   _________________________   _________________________

Name of person submitting this recommendation ____________________________________________________________________________________________________________

Address __________________________________________________________________________________________________________________________________________

Telephone Number (          ) _________________

Employer ____________________________________________  Occupation ____________________________________________

The applicant is required to provide two recommendations, one of which must be from a college professor. Are you submitting this recommendation as a college professor?

YES _____                                 NO   _____

How long have you known the applicant? __________________________________________________________

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Signature