

**NEW JERSEY SOCIETY OF ASPHALT TECHNOLOGISTS  
CAP LIVECCHI MEMORIAL SCHOLARSHIP FUND  
2018 SCHOLARSHIP AWARDS**

I wish to apply for a 2018 NJSAT Scholarship Award. I understand that the decision of the NJSAT Scholarship Awards Committee will be final, and I agree to abide by its decision.

**APPLICANT INFORMATION**

**APPLICANTS NAME:** \_\_\_\_\_ **SS#** \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

I AM A NJSAT MEMBER (circle one) YES NO

I AM EMPLOYED BY \_\_\_\_\_  
(COMPANY NAME)

COMPANY ADDRESS: \_\_\_\_\_

COLLEGE YOU ARE ATTENDING OR PLAN TO ATTEND IN FALL 2017:

\_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_

COLLEGE CONTACT: \_\_\_\_\_

PROGRAM ENROLLED IN: \_\_\_\_\_

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ CURRENT SPRING SEMESTER CREDITS TAKEN: \_\_\_\_\_

CREDITS COMPLETED IF ANY: \_\_\_\_\_ GRADE POINT AVG. \_\_\_\_\_

**SPONSOR INFORMATION**

I AM RELATED TO A NJSAT MEMBER (circle one) YES NO **REMINDER: ALL NJSAT members who were paid members in 2017 and who's 2018 dues are paid by April 30, 2018 are eligible. Individuals may be NJSAT certified, however they are not eligible for the NJSAT Scholarship benefits unless the annual membership dues requirements above are also satisfied.**

MEMBER NAME: \_\_\_\_\_

MEMBER ADDRESS: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_ ZIP : \_\_\_\_\_

MY RELATIONSHIP TO MEMBER IS: \_\_\_\_\_

**SUBMISSION REQUIREMENTS**

**PLEASE SUBMIT AN OFFICIAL SCHOOL TRANSCRIPT AUTHENTICATED BY ORIGINAL SIGNATURE AND/OR SEAL AS OF APRIL 2018 AND A 250 WORD ESSAY AS TO WHY YOU SHOULD BE A RECIPIENT OF OUR SCHOLARSHIP. ONLY CORRECTLY COMPLETED APPLICATIONS WILL BE CONSIDERED. NO TRANSCRIPT COPIES OR FACSIMILIES ACCEPTED.**

Application, transcript, and essay must be completed and returned to NJSAT Scholarship Selections Committee, C/O Stacey Lindenmuth, NJAPA, 850 Bear Tavern Road, Suite 108, Ewing, NJ 08628, no later than May 1, 2018.