NEW JERSEY SOCIETY OF ASPHALT TECHNOLOGISTS
CAP LIVECCHI MEMORIAL SCHOLARSHIP FUND
2019 SCHOLARSHIP AWARDS

I wish to apply for a 2019 N.J.S.A.T. Scholarship Award. I understand that the decision of the N.J.S.A.T. 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 N.J.S.A.T. MEMBER (circle one) YES NO
I AM EMPLOYED BY_____
(COMPANY NAME)
COMPANY ADDRESS:_____

_____

COLLEGE YOU ARE ATTENDING OR PLAN TO ATTEND IN FALL 2018:

_____

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 N.J.S.A.T. MEMBER. **REMINDER: ALL NJSAT members who were paid members in 2018 and who's 2019 dues are paid by April 30, 2019 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 2019 AND A NEW 250 WORD ESSAY AS TO WHY YOU SHOULD BE A RECIPIENT OF OUR SCHOLARSHIP. PREVIUOSLY SUBMITTED ESSAYS WILL NOT BE ACCEPTED. ONLY CORRECTLY COMPLETED APPLICATIONS WILL BE CONSIDERED. NO TRANSCRIPT COPIES OR FACSIMILIES ACCEPTED.

Application, transcript, and essay must be completed and returned to N.J.S.A.T. Scholarship Selections Committee, C/O Stacey Lindenmuth, NJAPA, 850 Bear Tavern Road, Suite 108, Ewing, NJ 08628, no later than May 1, 2019.