

New Jersey Post SOCIETY OF AMERICAN MILITARY ENGINEERS SCHOLARSHIP 2024 STUDENT APPLICATION

The general criteria considered by the Scholarship Selection Committee will include academics, prior military service, school and community activities, educational goals, SAME affiliation, recommendations, employment, and any relevant additional information provided by applicant.

Scholarships will be awarded to **enrolled** college (including community college) or university students studying Engineering, Architecture, or Engineering related STEM subjects, who will be entering their **second through last year of <u>undergraduate</u> College or University study** in the 2024-2025 academic year. Priority will be given to students who are residents of New Jersey, and/or studying at a school in New Jersey.

Please complete all sections of this application and return it <u>via email</u>, by March 15, 2024, to njscholarshipsame@yahoo.com with subject line: 2024 NJ Post SAME Scholarship - followed by a dash and your name. If possible, please combine all documents into one PDF file, not to exceed 3MB.

Should you have any questions, please contact njscholarshipsame@yahoo.com with subject line **2024 NJ Post SAME Scholarship Question**.

You may add additional pages to this application as needed.

All completed applications are considered confidential.

Section One: General			
First Name:	MI:	Last Name:	
Street Address:			
Town:	State:	Zip Code:	
Phone Number:	Email Address:		
Are you a Citizen of the United States of America?		Yes	No
How did you learn about the SAME scholars	ship program?		

Section Two: Military Service			
Have you pre	viously or currently serve in the military, including college ROTC?		
Yes	No		
Please describ	pe:		
Section Thre	e: Activities		
	activities within each category and include supervisor's name, a brief your participation, and any office held.		
School Activit	ies:		
Community A	ctivities:		
Other Activitie	es related to your career goals:		

Section Four: SAME Membership

Scholarship priority is given to SAME members. Student Membership is complimentary at http://www.same.org. If you are a member of SAME, please provide your member number:

Section Five: Educational Goals
Please describe your career goal(s):
Name and address of the College of University you are attending:
Section Six: Academic Performance
Provide a transcript of academic performance for each of the <u>previous three years</u> of schooling, including High School, if appropriate. If you have transferred, please include a copy of the appropriate academic transcript.
Applicants are required to have a minimum GPA of 2.5 .
What is your current GPA?
For the 2024-2025 school year, you must be an undergraduate. Please specify your grade for that academic year: Sophomore Junior Senior
As of the date of your application, state the number of undergraduate credits earned:
Projected graduated date:
Projected degree(s):
Section Seven: SAME Affiliation

SAME affiliation is not a requirement for award. However, we would like to know if you have a family member or friend who is a SAME member, so we may recognize them.

Name of family or friend who is a member of SAME:

Family or friend's SAME membership number:

Section Eight: Recommendations

An important part of your application's evaluation is recommendations from your teachers, professors, employers, coaches, etc. The applicant is encouraged to provide more than one recommendation. All recommendations should be attached to this completed application when submitted. Recommendations can be in the form of letters or in the format provided on the last page of this application.

Recommendation letters may be emailed separately from the application. The subject line must be: **2024 NJ SAME Scholarship Recommendation – <Your Name>.**

Section Nine: Employment		
Please provide a brief narrative on	n the reason(s) why you obtained employme	ent:
Provide a list of each employer's n per week for each employment po	name, the time period employed and numbersition for the last two years:	er of hours worked
Please provide your most recent e and brief description of your assign	employer's name, address, phone number, and tasks:	supervisor's name,
Company Name:		
Address:		
Phone Number:	Supervisor:	
May we contact your supervisor to	confirm your employment history? Yes	No
Description of Tasks:		

Section Ten: Additional Information or Circumstances

Provide any additional information or descriptions of circumstances that you believe the Scholarship Selection Committee should consider during its review of your application. Please attach additional pages as appropriate.
Section Eleven: Signature
I recognize that the committee may request additional or supplemental information for this application. I agree to the best of my ability to supply the requested information. I understand that the committee may reject an incomplete application.

If selected to receive this one time scholarship award, I agree to allow photographs taken of the award presentation to be posted on the SAME website and other SAME scholarship related materials.

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Applicant's Signature:	Date:

Recommendation Form

Student Name:
Please provide a brief description of the club/organization/activity from which your recommendation of the student is based.
Please list any awards/achievements the student has received/accomplished from your club/ organization/activity.
Name, title and organization affiliation of the person recommending including contact information, should there be any questions concerning the recommendation.
Name (print or type):
Title/Position:
Organization:
Phone Number:
Signature: