



NJ SAMPE Scholarship Application Form - Part 1

Instructions for the Applicant: Please complete Part 1 and submit as instructed. Please give Part 2 to your school administrator and submit under separate cover as instructed. Please type or print clearly in ink.

Applicant Information

Name:

Address/City/State/ZIP:

Phone:

E-mail:

Applicant Relative/Sponsor Name:

Address/City/State/ZIP:

Phone:

E-mail:

School:

Address/City/State/ZIP:

Administrator Name:

Phone:

E-mail:

Degree Program:

Expected Date of Graduation:

For High School Students, list names of colleges or technical schools under consideration:

SAMPE Student Member: Yes/No

Student Chapter Name:

Student Chapter Advisor:

Phone:

E-mail:

Honors or awards received, including academic achievements:

Extracurricular activities:

Community, religious or other charitable activities:

Essay (please submit with this form) (300-500 words total)

1. Explain how this scholarship will assist you in your pursuit of a STEM career.
2. Explain a recent obstacle or challenge. Describe how you overcame it, what you learned and how you grew from the experience.

Optional:

3. Resume (one page maximum)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a scholarship award, I understand that false or misleading information in my application will nullify award.

Signature:

Date:

Return completed application to Mr. Joe Abrantes, NJ SAMPE Educational Outreach Chair,
joe@njsampe.org



NJ SAMPE Scholarship Application Form - Part 2

Instructions for the School Administrator: Your student has applied for a NJ SAMPE Scholarship. Please complete and submit with supporting documents as instructed. Please type or print clearly in ink. Thank you in advance for your kind cooperation.

Administrator Name:

School:

Phone:

E-mail:

Student Name:

Expected Graduation Date of Student:

Recent SAT Scores:

Class Rank:

GPA:

Please attach copy of transcript

Additional comments regarding student:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a scholarship award, I understand that false or misleading information in my application will nullify award.

Signature:

Date:

Return completed application to Mr. Joe Abrantes, NJ SAMPE Educational Outreach Chair,
joe@njsampe.org