***NJABBP***

***Scholarship Application Form***

**New Jersey Association of Blood Bank Professionals (NJABBP)**

**Post Office Box 781**

**New Brunswick, NJ 08901**

Eligibility information can be found in the NJABBP website <https://www.njabbp.org>

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Address |  |
| City/State |  |
| Phone contact | □Work: □Personal: |

What degree are you pursuing?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For which year are you requesting support?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What school are you planning to attend or currently attending (circle which one applies)?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current class standing:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Freshman | 🞏 | Sophomore | 🞏 | Junior | 🞏 | Senior | 🞏 | Graduate | 🞏 | Accepted |
| Are you eligible for financial aid? | | | | | | 🞏 | Yes | 🞏 | No |  |  |

Please complete the chart below for other colleges or universities you attended, whether degree seeking or not, and whether the degree is completed or not. Add additional pages if needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution name | City/State | Course of Study/Degree pursued | Year of degree conferral if degree was completed | GPA at end of studies at this institution |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Employment History:** Provide information regarding employment history including dates of employment, employer information, a brief position description, and hours per week. Please start with the most recent experience. Additional information may be attached if necessary.

|  |  |  |
| --- | --- | --- |
| Dates | Employer Information | Position Title/Description |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_  (Month/Year)  Average hours per week: | Name:  City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_  (Month/Year)  Average hours per week: | Name:  City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_  (Month/Year)  Average hours per week: | Name:  City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_  (Month/Year)  Average hours per week: | Name:  City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_  (Month/Year)  Average hours per week: | Name:  City/state: |  |

**Volunteer History:** Provide information regarding any volunteer history including dates of service, employer information, a brief description of volunteer duties, and hours per week. Please start with the most recent experience. Additional information may be attached if necessary.

|  |  |  |
| --- | --- | --- |
| Dates | Name and Location of Organization or Group | Volunteer Duties/Description |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_  (Month/Year)  Average hours per week: | Name:  City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_  (Month/Year)  Average hours per week: | Name:  City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_  (Month/Year)  Average hours per week: | Name:  City/state: |  |

In the space provided below, write a concise statement of your professional goals, both immediate upon degree completion, and long term goals.

In the space provided, describe why you are applying for scholarship assistance. Indicate how the scholarship will be used e.g., tuition, books, load reduction, etc.

Please feel free to share any additional information about yourself and/or your background that you feel should be considered in the scholarship selection process:

\***Please make sure that you have enclosed the following documents:**

* Transcripts
* Two reference letters
* Contact information of current employer

I attest that the information provided here is true and accurate to my knowledge. I grant permission to the NJABBP Scholarship Selection Committee to review my academic record including transcripts from other institutions and employment history for verification of employment.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

**APPLICATION DEADLINE:** March 31st, 2017 for consideration for current year.

Mail, email, or fax to:

**Mail to:**

New Jersey Association of Blood Bank Professionals (NJABBP)

Post Office Box 781

New Brunswick, NJ 08901

**Email to:**

Pilar.brahim@hackensackmeridian.org

**Fax to:**

Pilar Brahim

Chair / Scholarship Committee

FAX#: 551-996-5165