

THOMAS J. KASCHAK MEMORIAL SCHOLARSHIP APPLICATION

Association of Government Accountants

Trenton Chapter

NOTE: Incomplete applications will not be considered.

Nominee Information:

Name: _____

Address: _____

Name of College/University: _____

Year Beginning College/University: _____ Year in 2018-2019: FR SO JR SR OTHER: _____

College Major: _____

Scholastic Standing (Grade Point Average) * _____

Membership In - Out of School Organizations ** _____ Office Held: _____

School Activities Participated In ** _____ Office Held: _____

Honors or Awards Received * _____

Other Family Members Attending College 2018-2019

NAME	COLLEGE/UNIVERSITY	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nominator Information:

Member of AGA? (Please Circle) YES NO How Long? _____

Printed Name of Nominator: _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____ E-Mail _____

Employer: _____

Relationship to Nominee: _____ Signature of Nominator: _____

DEADLINE FOR NOMINATION is March 30, 2018

Mail Nomination Form to:

Christopher Schwartz

**NJ Dept of Health- Div. of Mental Health & AS, 5 Commerce Way (Suite 100),
P.O. Box 362, Trenton, NJ 08625-0362**

*Attach High School and College (if any) Transcripts

** Attach Additional Sheets if Necessary

PREVIOUS AWARDEES ARE NOT ELIGIBLE