



4. Name and address of the college or university you plan on attending

Name of College or University and Location

5. Planned college major _____ minor _____
6. Anticipated occupation/career _____
7. Highest anticipated college degree _____

C. School, Community, and Work Activities

1. List **school activities** that you have participated in, e.g., publications, debate, music, art, student government, sports, etc. Include any honorary awards, e.g., membership in the National Honor Society. If you require more space for your responses, please indicate below and place the information on another sheet and attach it to the package.

Activity	Dates of Participation	Offices Held	Special Awards or Honors

2. List additional **community activities** in which you volunteer. If you require more space for your responses, please indicate below and place the information on another sheet and attach it to the package.

Name of Agency or Organization	Position/Description of Work	Dates of Participation	Special Awards	Hrs per Week

3. List **jobs** (including summer employment) held in the past three years. If you require more space for your responses, please indicate below and place the information on another sheet and attach it to the package.

Employer	Position/Description of Work	One or Both		Dates of Employment	Hrs Per Week
		Sum.	SchYr		



E. Applicant Certification

I certify that the above information is accurate and complete, and that any financial support received from the New Jersey State First Aid Council Cadet Scholarship fund will be used in continuing my education in an accredited college or university. I acknowledge that the above information will be verified by the Cadet Committee, and any misrepresentation will be grounds for immediate disqualification from consideration for the New Jersey State First Aid Council Cadet Scholarship. I hereby give the express permission to the New Jersey State First Aid Council to share any or all of the information/data I have provided in support of this application with members of the Cadet and Selection Committees.

Signature of applicant _____ Date _____

F. Officer Certification (Completed by Squad Personnel Only)

I am the _____ of the _____ First Aid/Rescue Squad, and I attest that _____ is a Member in good standing with our organization. I agree to provide a letter of recommendation on behalf of the applicant to the Cadet Committee. I further attest that our Squad is a member in good standing with the New Jersey State First Aid Council.

Signature of Captain/President/Cadet Advisor _____ Date _____

Home Phone (_____) _____

Cell Phone (_____) _____ E-Mail Address _____

G. ALL APPLICATION MATERIALS, INCLUDING RECOMMENDATIONS MUST BE SUBMITTED IN ENGLISH

APPLICATIONS MUST INCLUDE

1. Completed application form.
2. One letter of recommendation from the First Aid/Rescue Squad Captain/President/Cadet Advisor. The goal of the recommendation letter is to learn about you, your goals, abilities, accomplishments, and attributes. This letter of recommendation **must be enclosed in a separate and sealed envelope with this application.**

Applicants are solely responsible for ensuring that the application package - the application form, the recommendation, and any other pertinent data are submitted to:

Mary Claire Shiber, PhD, Chair
New Jersey State First Aid Council Cadet Committee
28 Nathan Way
Wayne NJ 07470-6540

by the Postmark Deadline Date of March 1, 2010

If you have any questions prior to submitting application materials, please contact Mary Claire Shiber via email at cadet@njsfac.org

For New Jersey State First Aid Council Cadet Committee Use Only

Application Received _____
Date

Information Verified _____
Date

Final Notification _____
Date
