

## Appendix H

**SJI Scholarship Application**

*This application does not serve as a registration for the course. Please contact the education provider.*

**APPLICANT INFORMATION:**

1. Applicant Name: \_\_\_\_\_  
(Last) (First) (MI)
2. Position: \_\_\_\_\_
3. Name of Court: \_\_\_\_\_
4. Address: \_\_\_\_\_  
Street P.O. Box  
City State Zip Code
5. Telephone No. \_\_\_\_\_
6. Congressional District: \_\_\_\_\_

**PROGRAM INFORMATION:**

7. Course Name: \_\_\_\_\_
8. Course Dates: \_\_\_\_\_
9. Course Provider: \_\_\_\_\_
10. Location Offered: \_\_\_\_\_

**ESTIMATED EXPENSES:**

*(Please note, scholarships are limited to tuition and transportation expenses to and from the site of the course up to a maximum of \$1,500.)*

Tuition: \$ \_\_\_\_\_ Transportation: \$ \_\_\_\_\_  
*(Airfare, train fare, or if you plan to drive, an amount equal to the approximate distance and mileage rate.)*

Amount Requested: \$ \_\_\_\_\_

Are you seeking/have you received a scholarship for this course from another source?

☐ Yes ☐ No. If so, please specify the source(s) and amount(s) \_\_\_\_\_  
\_\_\_\_\_