

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, reasonable lodging up to \$150 per night (including taxes), 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.)

Lodging: \$ _____ Total 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 amounts(s) _____
