



## APPLICATION FOR GRADUATE FOOD SCIENCE SCHOLARSHIP

Page 1 of 3

Submit this completed application by **email as a PDF** to **Ms. Debbie Koch (dmarion@sebs.rutgers.edu), Room 107, Food Science Bldg., Rutgers University**, no later than **January 10, 2022**. Applications filed after the deadline will not be considered! Please remember to have paid your IFT membership dues (including NY/CNJ IFT Section dues) for 2021-22 to be considered for this scholarship. An email poll will be circulated one week prior to the deadline to sign-up for interviews. ***Approval for virtual judging must be obtained in advance.***

DEGREE SOUGHT: M.S.  PH.D.   
NUMBER OF YEARS IN THE GRADUATE PROGRAM: \_\_\_\_\_

**MUST BE TYPED**

NAME: \_\_\_\_\_ CONCENTRATION: \_\_\_\_\_

DATE DEGREE EXPECTED: \_\_\_\_\_ GRADE POINT AVG: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

EMAIL: \_\_\_\_\_

On a separate sheet of paper, **write a brief biographical paragraph**; include your career goals and your reason for applying for this scholarship. Also, **attach a copy of all your undergraduate college or university transcripts of work completed to date**. (An unofficial copy of your current transcript or grade reports signed by your advisor is acceptable.\*\*\*) A list of courses in which you are currently enrolled should be included.

**\*\* email notification by your advisor to Ms. Debbie Koch can be substituted for the signature**

**APPLICATION FOR GRADUATE FOOD SCIENCE SCHOLARSHIP**  
**Page 2 of 3 – Deadline January 10, 2022**

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***COLLEGE ACADEMIC AWARDS OR HONORS (including publications):***

***MEMBERSHIP AND OFFICES HELD:*** (Include membership in national IFT if applicable.)

***EXTRACURRICULAR ACTIVITIES:*** (Including athletics, band, etc.):

***WORK EXPERIENCE:*** (If any):

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**DATE**

**APPLICANT'S SIGNATURE**

**(Continued on Page 3)**

**APPLICATION FOR GRADUATE FOOD SCIENCE SCHOLARSHIP**

**Page 3 of 3 – Deadline January 10, 2022**

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Use this page to outline your proposed field of research and methods of approach. **This OUTLINE MUST BE APPROVED AND SIGNED BY THE DEPARTMENT HEAD OR MAJOR PROFESSOR.**  
(Note: *email notification by your advisor to Ms. Debbie Koch can be substituted for the signature*)

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**The above, proposed plan of research is approved and accepted.**

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DATE

SIGNATURE OF DEPARTMENT HEAD OR MAJOR PROFESSOR - PRINT NAME