



APPLICATION FOR GRADUATE FOOD SCIENCE SCHOLARSHIP

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Submit this completed application by **email as a SINGLE PDF** to **Ms. Debbie Koch** (dmarion@sebs.rutgers.edu), **Room 107, Food Science Bldg., Rutgers University**, no later than **January 23, 2023**. 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 2022-23 to be considered for this scholarship. An email poll will be circulated one week prior to the deadline to sign-up for face-to-face interviews to be conducted in the Rutgers Food Science Department on **January 27, 2023**. **In the event of cancellation due to a snow/weather emergency, the interviews will be rescheduled for February 3, 2023.**

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

MUST BE TYPED

NAME: _____ AREA OF CONCENTRATION: _____

DATE DEGREE EXPECTED: _____ GRADE POINT AVG: _____

SCHOOL ADDRESS: _____

CITY STATE ZIP CODE

HOME ADDRESS: _____

CITY STATE ZIP CODE

EMAIL: _____

On a separate page, **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**

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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):

DATE

APPLICANT'S SIGNATURE

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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*)

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

DATE

SIGNATURE OF DEPARTMENT HEAD OR MAJOR PROFESSOR - PRINT NAME