Scholarship Definition:

 One (1) one-thousand dollar ($1000) scholarship will be determined by the Registrars’ Association of New Jersey (RANJ) annually in memory of 1st Lt. Christopher M. Troche, US Marine who died on February 16, 2018. This scholarship will honor 1st Lt. Troche’s love, service, and dedication to his country. The scholarships are paid directly to the nominee at the November Registrars’ Meeting in Atlantic City, New Jersey.

Eligibility:

* Applicant/ student must be an immediate relative (child, grandchild, or dependent) of a Registrar, Deputy, Alternate Deputy, or Sub-Registrar who is in good standing with the Association.
* Applicant/student must have a close family member who is Active Service Member or a Veteran in the United States Military.
* The applicant/ student must be enrolled as a full-time student (no fewer than 12 credit hours).
* The applicant/ student must submit a copy of a recent transcript (does not have to be an official copy).
* The applicant/ student must submit an essay on what it means to be a Active Service Member/Veteran, the impact of having an Active Service Member/Veteran in your family, and how can you honor these individuals through your service to your country and community.
* The applicant/ student must use the scholarship to attend an accredited vocational, technical school, college or university.
* Only undergraduate students are eligible for a scholarship.
* The applicant/ student must submit an application, which must be postmarked no later than October 5, 2020, for consideration for the 2020/2021 academic year. The scholarship recipients will be notified within 60 days of the deadline. This is a one-time scholarship.

APPLICATIONS MUST BE POSTMARKED BY OCTOBER 5, 2020

Send Scholarship Award Nomination Form Applications and above attached documentation to:

REGISTRARS’ ASSOCIATION OF NEW JERSEY

 C/O Lynn Minetti

 1167 River Road

 Edgewater, NJ 07020

The Registrars’ Association does not discriminate on the basis of age, race, color, disability, sexual orientation, ethnic origin, religious belief, creed, national origin, or gender.

 *Please Print Clearly* Date:

Name of Applicant/ Student:

Street Address:

City/ State/ Zip:

Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:

Email:

Institute where Applicant/ Student plans to attend:

Name of Nominator (must be in good-standing/ dues paid to date):

Position (please circle one): Registrar Deputy Alternate Deputy Sub Retired

Phone: County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality:

Relationship to Applicant:

Name of Service Member or Veteran:

Relationship to Applicant:

Incomplete Applications will not be considered. Please ensure all required documents are attached to this application when submitted to the RANJ.

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