

New Jersey Community Transportation Training Program

SCHOLARSHIP APPLICATION

This application is to be completed and signed by the Applicant. An official representative of the Applicant's agency must also sign it.

Applicant Information (please print)

Full First Name MI Last Name

Title/Position

Organization Name (no acronyms)

Business Address City State Zip

Email Telephone

Agency Information (check all that apply)

- Sub-recipient of FTA Section 5311 funds
- Sub-recipient of FTA Section 5310 funds
- Recipient of Casino Revenue funds
- Recipient of other FTA funds

Proposed Training Event Information

Name of Training Event

Organization Hosting Event

Date

Location

City State Zip

Do you plan to attend the entire event? ___ Yes ___ No (If no, please explain why below)

New Jersey Community Transportation Training Program

SCHOLARSHIP APPLICATION

Supporting Information

Which topic areas interest you most and why?

How will your agency benefit from your attendance?

Estimated Expenses

Dates of Travel: ___/___/___ to ___/___/___

	Estimate	
Registration fee		
Transportation (circle mode of travel) Air Rail Personal Automobile		
Lodging (# of Nights:)		
Meals		
Misc/Other (List Below)		
Total Estimated Expenses		

A scholarship award will reimburse 80% of actual eligible expenses. Please indicate funding source for the remaining 20% of eligible expenses below. Individuals are not permitted to cover the remaining 20% of eligible expenses.

20% Funding Source:

Certification of Application

As a scholarship recipient, I understand the conditions of this scholarship award and I agree to attend the event as indicated in this application. I understand that I cannot apply for reimbursement for the New Jersey Community Transportation Training Program funded portion of this trip from any other source. I understand that failure to comply with the application requirements will result in non-reimbursement of expenses and ineligibility to receive future scholarships.

Applicant Signature

Date

**New Jersey Community Transportation
Training Program**

SCHOLARSHIP APPLICATION

Agency Endorsement

I agree with the content of this application and understand that only 80% of total expenses are covered by the New Jersey Community Transportation Training Program. On behalf of my agency, I endorse this application and certify that the agency will be responsible for the remaining 20% of eligible expenses.

Supervisor Signature

Date

Mail, fax, or email completed application to:

**New Jersey Community Transportation Training Program
c/o National Transit Institute
Rutgers, The State University of New Jersey
120 Albany Street, Suite 250, Tower Two
New Brunswick, NJ 08901
Attn: Susan Greenstone
Ph: 732/932-1700 ext. 219
Fax: 732/932-1707
Email: sgreenstone@nti.rutgers.edu.**