

Center for Supply Chain Management Rutgers Business School One Washington Park Newark, NJ 07102-3122 http://scm.rutgers.edu cscm@business.rutgers.edu (973) 353-1218 Fax (973) 353-1165

## The Rutgers Supply Chain Education Partnership Program (For New Jersey High School Students) 2024 Application

If you have any questions about completing this form, please contact us at <a href="mailto:cscm@business.rutgers.edu">cscm@business.rutgers.edu</a> or 973-353-1218.

## SEND ALL APPLICATION MATERIALS TO:

Center for Supply Chain Management Rutgers Business School-Newark 1 Washington Park, Room 952 Newark, NJ 07102

EMAIL: cscm@business.rutgers.edu

## **Timeline Information**

May 30: Application -Due June 5: Notification -Date June 24—June 28- Class

## **GENERAL INFORMATION**

Applicant Information						
Full Name:			Date of Birth::			
	Last	First	M.I.			
Address:						
	Street Address			Apartment/Unit #		
	City		State	ZIP Code		
Phone:		Email				
High Sch	ool:					
Parent/Gu	ıardian					
Name:						
Cell		Work				
Phone:		Phone:				
Ethnicity						
(optional)	):					

How did you hear about this progra	am?	
Are you a NJ resident?	YES NO	
Have you lived in NJ since birth?	YES NO	If no, when did you move to NJ?
<b>Guidance Counselor Section</b>		
Please sign the Endorsement Stater transcript.	nent below a	and return this application with the student's
	_	s Supply Chain Education Partnership Program at this student's application to enroll in a course at
Guidance Counselor Name (Please	print)	
Guidance Counselor signature		Date
School Phone Number / Email Add	lress	
Application Essay		
Please submit <b>a personal essay</b> that studying business in college.' <b>500-</b>		the following topic: 'Why I am interested in num.
I verify that the information submit conform to the policies and regulat		et. If I am accepted into the program, I agree to gers Business School-Newark.
Student Signature		Date
Parent/Guardian Signature		Date