

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) 2025 Application

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

## SEND ALL APPLICATION MATERIALS TO:

John Impellizzeri / Tehrim Azam Center for Supply Chain Management Rutgers Business School-Newark 1 Washington Park, Room 952 Newark, NJ 07102 **Timeline Information** 

June 6: Application -Due June 16: Notification -Date June 23—June 27- Class

EMAIL: <a href="mailto:cscm@business.rutgers.edu">cscm@business.rutgers.edu</a>

## **GENERAL INFORMATION**

			Applica	nt Informatio	on				
Full Name:		Date of Birth:							
							_/	_/	
(First)	(M.I)	(Last)				(MM)	/ (DD)	/ (YYYY)	
Address:									
(Street Address)								(Apt./ Unit)	
(City)				(State)				(Zip Code)	
Phone:			Email:						
High School:									
Parent/Guardian Na	ame: _				_ Cell Pho	one #:			
Ethnicity (optional):									

How did you hear about this program?										
Are you a NJ resident? (Y/N)										
Have you lived in NJ since birth? (Y/N) If no, when did you move to NJ?										
Guidance Counselor Section										
Please sign the Endorsement Statement below and return this application with the student's ranscript.										
	Rutgers Supply Chain Education Partners and endorse this student's application to er									
Guidance Counselor Name	Guidance Counselor Signature	Date								
School Phone Number / Email Address										
Application Essay										
Please submit a personal essay that disc	cusses the following topic: 'Why I am interes	sted in								
studying business in college.' <b>500-word</b> n	ninimum.									
I verify that the information submitted is a	correct. If I am accepted into the program, I	agree to								
conform to the policies and regulations o		46,00 (0								
	Thatgara Bacilloca Contact Nowalla									
Student Signature		Date								
Parent/Guardian Signature		 Date								