



APPLICATION COVER PAGE FOR
2014 SEDGE ISLAND FISHING EXPERIENCE

JUNE 26-29, 2014



STUDENT CONTACT INFORMATION

NAME: _____ PHONE NUMBER: _____
ADDRESS: _____ CITY, STATE ZIP: _____
EMAIL: _____

EDUCATION INFORMATION

DATE OF BIRTH: _____ GRADE LEVEL _____
that you will be entering
in September 2014: _____
SCHOOL NAME: _____ LOCATION OF SCHOOL
(City, County): _____

PARENT/GUARDINA CONTACT INFORMATION

NAME: _____ PHONE NUMBER: _____
ADDRESS: _____ CITY, STATE ZIP: _____
EMAIL: _____

I understand that by checking the Yes box I am agreeing to attend this program June 28-29 with my child. YES: []

WOULD YOU LIKE TO BE CONSIDERED FOR A SCHOLARSHIP?

IF YES, PLEASE INCLUDE A SHORT NOTE ABOUT HOW RECEIVING A SCHOLARSHIP WILL BENEFIT YOU.

YES: []

NO: []

BY TYPING THE BELOW ELECTRONIC SIGNATURE, I CERTIFY THAT I AM THE ABOVE NAMED STUDENT. THE FISHING STORY AND ALL MATERIALS INCLUDED WITH THIS APPLICATION ARE MY WORK AND I HAVE NOT USED OTHERS WORK IN ITS CREATION.

SIGNATURE: _____ DATE: _____

INCLUDE WITH THIS COVER PAGE:

Write a short essay describing a memorable fishing story that you have. If you have never been fishing and have no fish stories yet, please write a short essay explaining why you want to participate in this fishing experience program.

Please email the completed application to Karen.byrne@dep.state.nj.us by March 31,2014.

Electronic applications are strongly encouraged.
If you must send a paper copy, please call (609) 748-4347 for instructions.
Incomplete applications will not be considered.