



## NJ NATP Scholarship Application

I \_\_\_\_\_ give permission to the Scholarship Committee of the New Jersey Chapter of the National Association of Tax Professionals to contact \_\_\_\_\_ (University/College) to verify my current status as a student.

University/College: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_