

Stephen A. Johnston Memorial Scholarship 2020

Contact

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Community Foundation of New Jersey
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General Guidelines

The Stephen A. Johnston Memorial Scholarship will provide a scholarship in the amount of \$3,000 to a sophomore, junior, senior or graduate student with an interest in vegetable crop production or a related field. Preference will be given to students majoring in plant pathology and to students who have worked/will work with the Rutgers Agricultural Research and Extension Center (RAREC). The candidate must be a New Jersey resident and intend to pursue a career in a field related to agriculture with an emphasis on production agriculture. Candidate must attend an accredited university or college in the United States. Scholarships awarded will be made payable to the recipient's educational institution.

Stephen A. Johnston Scholarship

This Scholarship is awarded in memory of Dr. Stephen A. Johnston, Specialist in Vegetable Pathology. Dr. Johnston was dedicated to the agricultural agents and vegetable growers of New Jersey, and worked tirelessly to help growers produce and market safe and disease-free vegetables. His dedication and enthusiasm earned the respect and admiration of all who knew him.

Application Deadlines

All applications must be <u>complete</u> and returned to the Community Foundation of New Jersey at the address listed above. Applications must be postmarked by **Monday, April 6, 2020.**

Enclosures

Please provide the following in order, please do not double side or use staples:

- 1. A fully completed copy of the attached Scholarship Application;
- 2. A resume outlining work experience, activities and achievements;
- 3. A <u>ONE PAGE</u> statement of career goals and the reasons for these goals;
- 4. A copy of official school transcript;

Continued Eligibility

Previous recipients are eligible for consideration if they maintain a B average during the period of their award, and a new application must be submitted.



Stephen A. Johnston Memorial Scholarship Application 2020 Form

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Student's Last Name	Fir	st	Middle	
Permanent Street Add	ress			
City	Sta	ate	Zip	
Cell Number	Home Phone		Date of Birth	
College/University	Major or Area of Study	Student ID#	GPA	
 A fully comple A resume outl A ONE PAGE s A copy of office 	lowing in order, please do not ted copy of the attached Schrining work experience, activite tatement of career goals and ial school transcript; et the eligibility requirement	olarship Applicatio ties and achieveme the reasons for th	n; ents;	
STUDENT'S SIGNATUR	E		DATE	

APPLICATION DEADLINE:

PERSONAL INFORMATION:

All applications must be complete and postmarked no later than **Monday, April 6, 2020. Please return application to:**

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