

**A. Personal Information**

_____		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last Name	First Name	RUID #
_____		_____
Street Address (include apt. no.)		Class Year
_____		_____
City	State	Zip Code
_____		County
_____		_____
Email Address		Telephone Number

**B. Deceased Parent Information**

New Jersey Resident on September 11, 2001:            Yes            No

_____		_____
Deceased Last Name	Deceased First Name	Date of Death
Name and address of company at which deceased was employed:		
_____		
Name of Organization	Address	

**C. Certification**

I certify that the information furnished on this application is accurate and complete to the best of my knowledge. I authorize Rutgers, The State University of New Jersey to request verification that the cause of death of the family member named above occurred in the terrorist attack on the United State on September 11<sup>th</sup>, 2001.

_____	_____
Student Applicant's Signature	Date

**Eligibility Requirements:**

Must be a dependent child of a New Jersey resident, whose death was as a direct result of the terrorist attack on the World Trade Center, the Pentagon or the airplane crash in Pennsylvania on September 11, 2001, and who are enrolled or have been accepted to attend Rutgers, The State University of New Jersey.

**Required Documents:**

- Victim's death certificate
- Victim's 2000 New Jersey Resident Income Tax Return (indicating that student was a dependent).
- Student's or applicant's birth certificate

**Application Submission:**

\*Please submit this application by clicking the SUBMIT APPLICATION box below or emailing it to [scholarship\\_inquiry@ofa.rutgers.edu](mailto:scholarship_inquiry@ofa.rutgers.edu)

**Submit Application**