



APPLICATION COVER PAGE FOR
2018 SEDGE ISLAND FISHING EXPERIENCE
AUGUST 23-26, 2018



CHECK HERE IF YOU HAVE APPLIED FOR A SEDGE ISLAND FISHING EXPERIENCE IN PREVIOUS YEARS. []

STUDENT CONTACT INFORMATION

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

EDUCATION INFORMATION

Date of Birth: _____ Grade Level (entering in Sept. 2018): _____
School Name: _____ Location of School: _____

PARENT/GUARDIAN 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 Aug. 23-26 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.

Print this form as a pdf or print and scan it. Then email it with your application letter to Karen.byrne@dep.nj.gov.

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.