

**Application for the SNEC AFS Student Associate Fisheries Scientist
Certification Award**

Please print out, complete the following and return to:

Carolyn Griswold, SNEC Professionalism Chair
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**Application for the SNEC AFS Student Associate Fisheries Scientist Certification
Award**

Applicant's name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Graduate student: _____ Undergraduate student: _____

Current AFS member? Yes _____ No _____

Date of Presentation at SNEC Chapter meeting: _____

Title of presentation: _____

Sponsoring faculty member's name: _____

Applicant's signature: _____

Faculty member's signature: _____