

**AOAC INTERNATIONAL
TDRM AWARD APPLICATION**

Applicant's Full Name: _____

Complete Postal Address: _____

Telephone Number: _____

Email address: _____

Name of college or university: _____

Location: _____

Telephone Number: _____

Advisor's Name _____

I have read the AOAC TDRM Award Program and I meet those eligibility requirements. I am submitting this form as my notification of intent to compete for the TDRM Student Award. The subject of my report will be _____

I agree that a representative of the AOAC TDRM may contact my university admissions office to confirm my enrollment status.

Signature of Applicant

This form must be received by the following email or postal address or faxed to the following fax number no later than December 31 of each calendar year to be eligible for award competition in the following year.

AOAC TDRM Student Award Program
Attn: Jennifer Diatz
AOAC INTERNATIONAL
2275 Research Blvd, Suite 300
Rockville, MD 20850
Email: jdiatz@aoac.org
Ph: 1-301-924-7077 ext. 107
Fax: 1-301-924-7089