

**Science, Medicine and Related Topics (SMART)  
Summer 2024 Payment Remittance Slip**

Use this form if you are mailing/returning payments in person in the form of check or money order only.

**NO CASH IS ACCEPTED.**

**It is necessary for this form to accompany any payments in order to properly credit accounts.**

<b>To the applicant/parent/guardian:</b> This section must be completed by in order to match documents to applicant files.			
Applicant's Name:			Date of Birth:
Last	First	Middle Initial	mo / day / year
Address:			
Street		City	State Zip Code
Applicant's Phone Number: ( ) -		Applicant's Email Address:	
Parent/Guardian's Phone Number: ( ) -		Parent/Guardian's Email Address:	

Please check the box next to the included payment(s)

**Included Items:**

- Application Fee: \$25**
- Tuition: \$350.00**
- Full Amount (due 1 week before program start date) \$\_\_\_\_\_ **(do not send payment if student has not been officially accepted!)**

**Checks should be made out to SMART Program**

**Mail or deliver to:** New Jersey Medical School, Attn: SMART  
**The Office for Diversity and Community Engagement**  
**Attn: SMART Program**  
**185 South Orange Avenue**  
**MSB B-624**  
**Newark, NJ 07103**