



# Northern Essex Community College

## STEM Retention Scholarship Application

### Student Information

#### PLEASE PRINT

Name: \_\_\_\_\_ NECC ID: \_\_\_\_\_  
Last First MI

Permanent Address: \_\_\_\_\_  
Number & Street (No P.O. Boxes) Apt# City State Zip code

Cell/Daytime #: (\_\_\_\_\_) \_\_\_\_\_ Degree/Cert. Program: \_\_\_\_\_  
Area Code

Semester: \_\_\_\_\_ To be applied to:  Tuition/Fees/Health Insurance  Books\*

Statement of Need (Briefly State why you need financial assistance – Attach additional Pages if needed)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**You must read and agree to and understand the following statements to be eligible for this scholarship:**

I agree to and understand that:

- NECC will contact me via my NECC Student E-mail account only to notify me of the decision.
- That I cannot receive a refund from the scholarship.
- Should I receive any additional financial aid funds not already known to the college this scholarship will be reduced.
- Scholarships awarded for books and supplies can only be used for required materials purchased at the NECC Bookstore during the Book Voucher Period.
- I understand that if I withdraw from any classes or stop attending classes prior to the end of the semester, I may become ineligible for a portion, or all of the scholarship received through the STEM Retention Scholarship Program resulting in a balance owed to NECC.
- I understand that I must follow my Academic Plan, and that scholarship assistance may end if I do not make satisfactory academic progress as defined by NECC during any term of my enrollment.

*For Staff Use Only:*

- Academic Plan in DW**
  - Earned Credits:** \_\_\_\_ (minimum 6/certificates 12/A.S.)
  - Anticipated Graduation Term:** \_\_\_\_\_ *\*If it's the students last semester they must petition*
  - Meeting SAP/Good Academic Standing**
  - Applied for Financial Aid & No Outstanding Requirements**
  - SPACMNT  RRAAREQ
- Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_