

## **Access Scholarship Application**

student information					
PLEASE PRINT					
Name:			NECC ID:		
Last	First	MI			_
Permanent Address:					· <del></del> .
	er & Street (No P.O. Boxes)	Apt#	City	State	Zip code
Cell/Daytime #: () Area Code		Degre	e/Cert. Program: _		
Semester:	To be applied to: $\Box$ $\Box$	vition/Fees/Health	Insurance 🗆 Boo	oks*	
Statement of Need (Briefly S	tate <u>why</u> you need financial	l assistance – Atto	ıch additional Pag	es if needed)	ı
Student Signature: Please note:			_ Date:	/	_/
NECC will contact you vid	a your NECC Student E-m	iail account to r	notify you of the s	scholarship (	decision.
<ul> <li>Bookstore during the Books purchased return the resource financial aid office.</li> <li>Exceptions includes second course is considered.</li> </ul>	rded for books can only be the Book Voucher Period. through the Access Scho re(s) at the end of the sen e. e: Books that span more to completed), Health Progr Technology with one time	blarship are the p mester in which than one course rams or other pr	property of NECC you received the e (Books must be ograms in which	C. You are e scholarship returned af	expected to to the iter the
For Staff Use Only:					
☐ Academic Plan in DV	V /Unofficial Transcript Att	ached (Unless	a new student)		
☐ Earned Credits:					
☐ Cumulative GPA:					
☐ Meeting SAP/Good A	cademic Standing				
	Aid & No Outstanding Re	quirements			
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