



2019-2020 Board of Governors Merit and President's Early Entry Scholarship Application

Please type or print in ink.

A current APPLICATION FOR ADMISSION must be on file with the Northeast Community College Admissions Office. Applications must be postmarked or taken to the Northeast Community College Financial Aid Office by March 1, 2019.

STUDENT INFORMATION

Legal Name Last First Middle

Social Security Number Date of Birth Telephone Number

Permanent Address Street/RR/Box #

City State Zip County

E-Mail Address

Expected Status for 2019-2020: Full-time Three-quarter time Half-time

Major/Program of Study

I am a U.S. citizen: yes no

I am a Nebraska resident: yes no

EDUCATIONAL BACKGROUND

Name of High School Date of High School Graduation

High School Location: City County

High School Grade Point Average Class Rank of ACT Composite Test Score

or Accuplacer Test Scores: College Level Math Reading Sentence Skills

or MAP Test Scores: Math Language Usage Reading

Have you taken a Northeast Early Entry college credit class while attending High School? yes no

Total College Credits Earned Cumulative College GPA

*All Transcripts and Test Score Verification must be received by Northeast by March 1, 2019

STUDENT HOUSEHOLD INFORMATION

The information provided below is based on your household, as it will exist during the 2019-2020 school year. List father, mother, or stepparent, and all other persons living in your home. Please include sisters or brothers from this household who are away attending college as undergraduate students.

Father's/Stepfather's Name Occupation

Mother's/Stepmother's Name Occupation

NAMES AND AGES OF PARENTS' DEPENDENTS (use an extra sheet, if necessary):

Name Age Name Age Name Age Name Age

STUDENT'S EXPERIENCE/GOALS

Attach a separate sheet, if necessary.

1) Give an example of something you have excelled in and/or an obstacle you have overcome.

2) Elaborate on your educational and career goals and how you plan to attain them.

By submitting this application, you agree to the following: I understand that scholarship recipients are selected by the Northeast Community College Scholarship Selection Committee and/or by outside entities based on the terms of each scholarship agreement. I agree to the release of this information to individuals not employed by Northeast Community College who are involved in the selection process. If I am selected as a scholarship recipient, I agree to the release of scholarship information for news and public relations bulletins and disclosure of this information to the donor(s) of the scholarship. Northeast Community College is not responsible for the misuse of any information by outside selection entities.

I also certify that all the information on this application is complete and correct, that I have completed this application myself, and the essays are my own personal work.

Northeast Community College takes reasonable measures to protect your personal information in accordance with all applicable federal, state and local regulations.

Student's Signature _____ Date _____

*** Scholarship notification letters will be mailed to recipients only.**