



Scholarship of the Month Application

Name of Scholarship/Month: _____

Please print neatly. Do not use abbreviations when listing an organization, company, fraternity or major. If necessary, include additional information on the back of this form.

Name:		NU ID:	
Local telephone number:		Email address:	
Local address:		Permanent address:	
Major:	Graduation date:	GPA (current):	
Entrance date at Northeastern:	Current year in college:	Male	Female
Name & address of high school you attended:		List any awards or honors you have received:	
Extracurricular activities:		Ethnic origin (please list all):	
Plans and/or career goals after school:			
Have you participated in the Co-op program? If yes, where have you worked?		Do you have family who attended Northeastern? If yes, please indicate their relationship to you and their year of graduation:	
Parent's place(s) of employment:		If you wish to be considered for scholarships established for the disabled, please indicate your disability:	

Upon submittal of this application, your financial aid counselor will review your file to see if you are eligible for any scholarships. If you are selected to receive a scholarship, you will be notified in the form of an award letter from Student Financial Services. Some scholarships require specific qualifications. Therefore, the number of students eligible for them is small. In order to better enable your counselor to determine if you meet scholarship criteria, please be very specific when completing this application. When you request scholarships with this form, you are giving Northeastern University permission to report to the donors of the scholarships any information that is included on this form and any information requested by the donors relating to the scholarship's criteria.

Student Signature: _____

Date: _____