

2017 GRADUATES

Northern New Mexico College Bridge Scholarship Application



Please read the General Information and Eligibility Criteria below before completing this application.
PLEASE PRINT OR TYPE

SOCIAL SECURITY NO. _____ / _____ / _____ STUDENT ID _____

NAME OF HIGH SCHOOL/GED _____ GRADUATION DATE _____

NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET OR P.O. BOX

CITY

STATE

ZIP

GENERAL INFORMATION

- Incomplete or unsigned applications will not be processed.
- Scholarship award amount: \$750; Scholarships are awarded as funds are available.
- For purposes of Northern's Bridge Scholarship, as it applies to students with disabilities who may require special accommodations, please contact Verna Trujillo at (505) 747-2152.

ELIGIBILITY CRITERIA

YOU ARE ELIGIBLE IF YOU ARE A NEW MEXICO RESIDENT, and you are a 2017 graduate from a NM public high school or an accredited NM private high school with a grade point average (GPA) of 2.0 or better upon graduation, or you have received a NM GED®/HSE during 2017.

Additional Requirements:

- You **must** enroll in 15 credits at Northern for the Fall 2017 semester.
- You **must** declare a major in an Associate or Bachelor's degree program.
- You **must** have provided the Financial Aid Office with a final copy of your high school or GED transcript.
- You **must** complete a current FAFSA form and have a complete file in the Financial Aid Office before scholarship can be awarded. **Financial need does not affect eligibility for this scholarship.**

Citizenship status does not affect eligibility for this scholarship.

STUDENT CONSENT

I understand that misrepresentations on this application or the FAFSA will be considered grounds for denial of the Bridge Scholarship. I consent to the release of information concerning my academic and/or financial status to the Financial Aid Office.

SIGNATURE _____

DATE _____

Return application to:

Northern New Mexico College
Financial Aid Office
921 Paseo de Oñate
Española, New Mexico 87532

"The beautiful thing about learning is that no one can take it away from you." —B.B. King

[Reverse side for Financial Aid Office use only]

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THIS BOX FOR FINANCIAL AID OFFICE USE ONLY

Please date and initial each time application is reviewed.

No FAFSA _____ / _____ / _____ / _____ / _____ / _____ / _____

File incomplete _____ / _____ / _____ / _____ / _____ / _____ / _____

Transcripts needed _____ / _____ / _____ / _____ / _____ / _____ / _____

FILE COMPLETE; Ready to Award _____ /

Comments _____

