



## NJ STARS STUDENT CONTRACT

**STUDENT NAME:** \_\_\_\_\_ **STUDENT ID#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

### OVERVIEW:

NJ STARS (Student Tuition Assistance Rewards Scholarship) is awarded to students graduating in the top 20% of their high school class, starting in June 2004, who are attending College for the first time and attending the community college in the county in which they reside. In addition students must be taking at least 12 non-remedial credits by their second semester and be matriculated in a degree program. The NJ STARS scholarship covers the cost of tuition and fees AFTER other Federal and State grants for up to 15 credits and may be received for up to 5 terms of continuous Full time enrollment.

**Please read and sign the statement below.**

1. I understand I must be in the top 20 % of my high school graduating class. Brookdale will verify that I am on the HESAA Garden State Scholars roster, as reported by my high school guidance office at the end of my junior year. **If I am not on the roster, because I reached the top 20% of my graduating class in my senior year, I must provide a copy of my high school transcript with class rank OR a letter from my Guidance Counselor listing my class rank and date of graduation.**
2. I understand that I am required to file a Free Application for Federal Student Aid (FAFSA) each year within the deadlines stated by federal and state agencies. I am required to submit requested documentation to the Financial Aid Office and/or HESAA in order for my eligibility to be determined.
3. I understand that I must be matriculated in a degree program and be registered for at least 12 non-remedial credits by my second semester and then consecutively, for every Fall and Spring term and NJ STARS will pay for a maximum of 15 non-remedial credits each of 5 terms.
4. I understand that I must attain at least a 3.0 grade point average (GPA) by the start of my second year of enrollment in order to continue receiving the scholarship.
5. I understand that I must maintain full time attendance and I will notify the Financial Aid Office should I have special circumstances, which have caused me academic difficulties that require me to withdraw from all of my classes. I will work with my Student Development Specialist (counselor) if I am having any difficulties.
6. I understand that if the College dismisses me for disciplinary actions, I will be responsible to repay my NJ STARS award to the New Jersey Higher Education Assistance Authority.

I have read and understand the conditions of NJ STARS.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_