

# Northeastern University

## Student Affairs Scholarship Nomination Form 2011

Please select which awards you wish to be considered for: (Check all that apply)

- The Thomas I Atkins Social Justice Scholarship (first year students only)
- The Matthew Shepard and Morris S. Kay Scholarship (all undergraduates)
- The Karen T. Rigg Shining Torch Scholarships (first year and second year students only)
- The Charles Havice Scholarships (third and fourth year students only)
- The Clara and Joseph Ford Scholarship (third and fourth year students only)
- The Greg Jarvis Memorial Scholarship (graduating seniors only)

NOMINEE'S NAME: \_\_\_\_\_ NU I.D.: \_\_\_\_\_  
Last name, First name Middle initial

COLLEGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

CUM G.P.A.: \_\_\_\_\_ ACADEMIC HONORS AND AWARDS: \_\_\_\_\_

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DATES OF INVOLVEMENT	NAME OF ORGANIZATION	ROLE /CONTRIBUTION
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### Community Activities

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Professional Society Activities**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Co-op Experiences**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Other Information (i.e. experiences, awards, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FACULTY OR STAFF REFERENCE CONTACT INFORMATION**

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING MATERIALS BY WEDNESDAY, FEBRUARY 9, 2011  
TO THE OFFICE FOR STUDENT AFFAIRS, 104 ELL HALL**

***SUBMISSION CHECKLIST:***

- This completed application form*
- A signed letter of reference from a faculty or staff member*
- A personal statement from the student nominee addressing leadership experiences on campus (no more than 500 words)*
- An unofficial transcript*
- A signed certification form with a photocopy of NU ID*
- Optional: A brief resume*

For more information about scholarships administered by the Office for Student Affairs, please visit our website at [www.northeastern.edu/studentlife/leaders/scholarship.html](http://www.northeastern.edu/studentlife/leaders/scholarship.html)

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### WAIVER FOR RELEASE OF INFORMATION

(Pursuant to the Family Educational Rights and Privacy Act)

I hereby provide the staff members in the Office of Student Conduct & Conflict Resolution with authorization to release, discuss and/or share information regarding my student disciplinary record(s) with the following organization:

*The Student Affairs Scholarship Committee (administered through the Office for Student Affairs)*

I understand that my signature below indicates that I am waiving my right to confidentiality of my disciplinary records with regard to the specific people or organizations identified/named above *Student Affairs Scholarship Committee (administered through the Office for Student Affairs)*.

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Student Name (printed)

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Student Signature

Date

***Please note:***

***YOU MUST attach a xerox copy of your NUID or State license to this completed form.***